AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XVI. / Vol. V. } New Series. NEW YORK: SATURDAY, OCTOBER 18, 1862. { *Mail Subscribers, $3 per Ann.* / *City and Canadian, 3 50 "* / *Single Numbers, 10 cents.*

	Page
ORIGINAL LECTURE.	
Lectures on the Diagnosis of Diseases of the Heart. Delivered at the Bellevue Hosp. Med. Col. By Austin Flint, M.D. Lecture II.	211
ORIGINAL COMMUNICATIONS.	
Remarks on Albuminuria. By A. Clark, M.D.	213
Neglected Cases. By Chas. F. Taylor, M.D.	215
PROGRESS OF MEDICAL SCIENCE.	
Radical Cure of Exomphalos in the Adult.	217
REPORTS OF SOCIETIES.	
N. Y. Pathological Society: Stated Meeting, June 25, 1862. Dr. T. C. Finnell, President, in the Chair. Cancer of the Liver. Fibro-Plastic Tumor. Epithelial and True Cancer combined. Bloody Tumor of the Neck. Enormous Tumor of the Side.	217
EDITORIAL ARTICLES.	
Our Dispensary System.	219
The Week:	
Wooden Limbs for Soldiers.	220
Inspection of Army Hospitals.	220
Surgeons for the Examination of Conscripts.	220
Retirement of Surgeons.	220
Death of Dr. John C. Cheesman.	220
CORRESPONDENCE.	
Medical Prescription Writing.	220
Death of Dr. W. J. H. White.	221
Is Electro-Magnetism an Anæsthetic.	221
Logwood as a Deodorizing Agent.	222
ARMY MEDICAL INTELLIGENCE.	
List of the Names of Surgeons and Assistant Surgeons of the Volunteer Regiments of the State of New York.	222
Quarantine Regulations at Port Royal, S. C.	223
Meteorology and Necrology of the Week in the City and County of New York.	
Special Notices.	

Piercy's Pile Pipe.

An entirely new Invention, recently devised for the convenient and perfect application of Curative, Sedative, and Lubricating Ointment to the lower portion of the rectum. It is

SIMPLE, CLEANLY, AND EFFECTIVE,

and its introduction is unattended with *Pain;* it is not easily broken, and can never get out of order. It is of such a size as to be conveniently carried in the *pocket*, and can be charged with sufficient ointment for several applications, a fact of much importance to *travellers*. It has met with the entire approbation of every physician to whom it has been submitted. Physicians are requested to call at the agent's office and examine the article.

To be had of all Druggists.

THOMAS W. BEACH, Sole Agent,
36 Beekman, corner of William St., N. Y.

THIRD EDITION.

NOW READY IN CONVENIENT POCKET FORM,

12mo. 280 PAGES and 237 WOODCUT ILLUSTRATIONS. Price $1 75.

Sent free by mail on receipt of price.

HAND-BOOK
OF
SURGICAL OPERATIONS.
BY
STEPHEN SMITH, M.D.,

SURGEON TO BELLEVUE HOSPITAL.

This work gives the details of the more common as well as the important operations in Surgery. It is particularly adapted to the wants of the Army Surgeon, and would be found useful both by the practitioner and student.

From the "American Journal of the Medical Sciences." July, 1862.

The second, third, fourth, and fifth chapters, which constitute the great part of the work, contain an admirable exposition of the subjects to the consideration of which they are devoted, and they may be consulted by every surgeon with pleasure and profit. The chapter on resections is particularly valuable, and it may confidently be said to contain the best account of this important class of surgical operations that is to be found in the English language.

From the "Cincinnati Lancet and Observer." July, 1862.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

WILL BE ISSUED OCTOBER 17, 1862.

One Vol. 12mo., pp. 183, Cloth.

COURSE OF LECTURES ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE NEW YORK MEDICAL COLLEGE,

BY A. JACOBI.

Bailliere Brothers, 440 Broadway, New York.

Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*
AUSTIN FLINT, JR., M.D., *Secretary.*

JAMES R. WOOD, M.D., No. 2 Irving Place, Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYRE, M.D., No. 795 Broadway, Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., No. 209 Tenth Street, Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., No. 45 West Thirty-fourth Street, Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., No. 18 West Twentieth Street, Professor of Obstetrics and the Diseases of Women and Children.
GEORGE T. ELLIOT, M.D., No. 18 West Twenty-ninth Street, Professor of Obstetrics and the Diseases of Women and Children.
B. FORDYCE BARKER, M.D., No. 70 Union Place, Professor of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. McCREADY, M.D., No. 7 West Ninth Street, Professor of Materia Medica and Therapeutics.
TIMOTHY CHILDS, M.D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M.D., No. 74 Union Place, Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., No. 70 Union Place, Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M.D., No. 74 Union Place, Professor of Physiology and Microscopy.
CHARLES PHELPS, M.D., Demonstrator of Anatomy, Curator of Hospital Museum.
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Anatomy.
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.
ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.
EDWIN A. WARE, Bellevue Hospital, Janitor.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept, 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to $105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is $5. The graduating fee is $30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for $50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for $50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from $3 to $5 per week. The *necessary* expenses at attending a course of lectures need not exceed $200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, Jr., No. 74 Union Place, corner of 4th Avenue and 19th Street.

TARRANT'S

Effervescent Seltzer Aperient.

This valuable and popular medicine has universally received the most favorable recommendations of the MEDICAL PROFESSION and the PUBLIC as the MOST EFFICIENT AND AGREEABLE

Saline Aperient.

It may be used with the best effect in

BILIOUS AND FEBRILE DISEASES, COSTIVENESS, SICK HEADACHE, NAUSEA, LOSS OF APPETITE, INDIGESTION, ACIDITY OF THE STOMACH, TORPIDITY OF THE LIVER, GOUT, RHEUMATIC AFFECTIONS, GRAVEL, PILES,

AND ALL COMPLAINTS WHERE

A Gentle and Cooling Aperient or Purgative is required.

It is particularly adapted to the wants of Travellers by Sea and Land, Residents in Hot Climates, Persons of Sedentary Habits, Invalids and Convalescents. Captains of Vessels, and Planters, will find it a valuable addition to their Medicine Chests.

It is in the form of a Powder, carefully put up in bottles, to keep in any climate, and merely requires water poured upon it to produce a delightful effervescent beverage.

Numerous testimonials from professional and other gentlemen of the highest standing throughout the country, and its steadily increasing popularity for a series of years, strongly guarantee its efficacy and valuable character, and commend it to the favorable notice of an intelligent public.

TARRANT'S

Cordial Elixir of Turkey Rhubarb.

This beautiful preparation, from the

TRUE TURKEY RHUBARB,

has the approval and sanction of our BEST PHYSICIANS, as a valuable and favorite Family Medicine,

And preferable to any other form in which Rhubarb is administered, either for ADULTS OR CHILDREN, it being combined in a manner to make it at once PALATABLE TO THE TASTE AND EFFICIENT IN ITS OPERATION.

TARRANT'S

Compound Extract of Cubebs and Copaiba.

This preparation is particularly recommended to the Medical Profession and the Public, as combining in the most convenient and efficacious form the well established virtues and properties of Cubebs and Copaiba. In its preparation as an extract, the usual nauseous taste is avoided, and it is consequently never found to disagree with the digestion, while, from its greater concentration, the dose is much reduced. It may be relied on as the best mode for the administration of these remedies in the large class of diseases of both sexes to which they are applicable.

MANUFACTURED ONLY BY

TARRANT & CO.,

No. 278 Greenwich Street corner of Warren,

NEW YORK.

The original "Elixir of Calisaya

BARK."—This elegant and valuable medicinal preparation was introduced to the notice of the Faculty of this city in 1830, by *J. Milhau, the sole Inventor and Manufacturer*, at which date none of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively and favorably known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the *original article* made by

J. MILHAU & SON,

Wholesale Druggists and Pharmaceutists, 183 Broadway, N. Y.

Sole agents for FRENCH ARTIFICIAL EYES, have always a large assortment on hand, and will furnish to order a single eye, of any desired pattern, in thirty days. Agents for the majority of, and importers of all the French medicines in vogue.

Clinical Essays, by B. W. Richardson,

M.D. 8vo. London, 1862. $2.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Diagrams of the Nerves of the

Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. $5.60.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Original Lectures.

LECTURES
ON THE
DIAGNOSIS OF DISEASES OF THE HEART.

DELIVERED AT THE
BELLEVUE HOSPITAL MEDICAL COLLEGE DURING THE PRELIMINARY TERM.
SESSION 1862-63.

BY AUSTIN FLINT, M.D.
PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE II.

Recapitulation.—Circumstances Extrinsic to the Heart affecting the Situation of the Apex-Beat, and the Size of the Superficial Cardiac Space.—Liability of Confounding Distension of the Pericardial Sac with Enlargement of the Heart.—Enlargement of the Heart resolvable into Two Divisions, viz. Enlargement with Predominant Hypertrophy, and Enlargement with Predominant Dilatation.—Importance of Discriminating these Two Forms of Enlargement.—Signs of Hypertrophy.—Signs of Dilatation.—Case Illustrating Signs of Hypertrophy.—Symptoms of Hypertrophy and Dilatation respectively.—Rhythmical Succession of the Two Normal Heart Sounds.—Characters belonging respectively to the First and Second Sound, as heard over the Apex.—The Two Sounds and Intervals as expressed in Fractions; as expressed in Musical Language.

GENTLEMEN:—In my last lecture I entered upon the consideration of enlargement of the heart. As preliminary to this subject I called your attention to the topographical relations of the heart. We inspected this organ *in situ*, in the cadaver, and I pointed out the boundaries of the superficial and deep cardiac spaces, and the situations of the base and apex as regards the thoracic walls. Then I indicated the mode of determining that the heart is not enlarged. You saw that physical methods of examination enable us to delineate on the chest of the living body the superficial and deep cardiac spaces, and to ascertain the situations of the apex and base; and if these relations of the heart are found to be normal, we have a right to conclude that the size of the organ is not increased. But if the heart be increased in size, the situation of the apex is altered, the base being comparatively unaffected; the boundaries of the superficial cardiac space are enlarged, and the lateral borders of the deep cardiac space, or, in other words, the limits of the space occupied by the heart, especially on the left side of the chest, are extended. These deviations from the normal relations of the heart, physical exploration enables us to ascertain, so as to determine the fact of enlargement, and also its amount, with sufficient precision for all practical purposes. In directing your attention to the cases of cardiac disease which will present themselves in this hospital, I shall have abundant occasions to repeat the simple means by which the existence and the degree of enlargement of the heart are ascertained. Before passing to an important branch of the subject I must notice certain extrinsic circumstances which may give rise to some of the signs of enlargement. The situation of the apex-beat may be altered by various abnormal conditions acting upon the heart. The diaphragm may be pushed upwards from below, on the left side, so that the apex-beat may be in the fourth, or even in the third, intercostal space. This is to be observed in the patient whom I now introduce. He has ascites and a greatly enlarged spleen. You see the apex-beat is in the fourth intercostal space. The same effect may be produced by pregnancy, by enlargement of the left lobe of the liver, by abdominal tumors, by intestinal tympanites, and by dilatation of the stomach. The apex-beat is also raised by atmospheric pressure on the abdominal walls, or, in other words, by suction, in cases in which there is considerable destruction of lung-substance from tuberculous or other pulmonary disease, and from the diminished volume of the left lung after pleurisy with effusion. A large accumulation of liquid in the right pleural sac may press upon the heart laterally, so as to remove the apex-beat to the left. This will be illustrated in a case of empyema which I shall exhibit to you to-morrow. Of course, we are to take cognizance of these extrinsic causes, and not consider the altered situation of the apex-beat alone, as evidence of enlargement of the heart. The same causes, too, it is obvious, will affect, to a greater or less extent, the situation of the left border of the heart. The area of the superficial cardiac space is also affected by extrinsic circumstances. In emphysema of the lungs it may be greatly diminished; the permanent dilatation of the upper lobe of the left lung may cause it to extend over the greater part of the anterior surface of the heart. On the other hand, in some cases of pulmonary tuberculosis, and after recovery from pleurisy, the left lung may shrink so as to leave a larger portion of the pericardial sac uncovered than in the normal state. In all cases due attention enables us to ascertain these extrinsic circumstances, and avoid the error of supposing enlargement of the heart to exist when it does not.

There is a source of possible error which I can best consider in another connexion. I refer to the liability of confounding distension of the pericardial sac from the presence of liquid, with enlargement of the heart. In cases of pericarditis with effusion, we have notable increase in the degree and extent of dulness on percussion in the præcordia. Without knowledge or care, this increased dulness might be attributed to enlargement of the heart. A proper acquaintance with the differential phenomena, and proper attention, should enable us to avoid this error. I cannot, however, consider the means of discrimination without anticipating points relating to pericarditis, and I shall therefore defer their consideration until I come to treat of the latter affection.

I now proceed to call your attention to an important distinction existing between different cases of enlargement of the heart. It is not enough, pathologically speaking, to say of a case that there exists enlargement. There are different kinds of enlargement. The heart may be enlarged simply in consequence of an abnormal thickness of its muscular walls. This condition is known as hypertrophy, and, if the increased volume be due exclusively to this cause, the case is said to be one of simple hypertrophy of the heart. On the other hand, the enlargement may proceed simply from dilatation of the centres, the walls being not increased, but perhaps diminished, in thickness. Then the case is said to be one of simple dilatation of the heart. On the table before me are two preparations from the Hospital museum, illustrating very finely these two forms of enlargement. In one of these preparations, you perceive the ventricular walls are much thicker than in health, while the ventricular cavities appear to be of the normal size. In the other preparation you see the cavities are enormously increased in size, while the walls are considerably thinner than in health. These are examples of simple hypertrophy and simple dilatation; but it is rare to find such examples. In the great majority of cases, hypertrophy and dilatation are combined. The two forms of enlargement are combined in variable relative proportions. Hence, Hope, and other authors on diseases of the heart, have subdivided cases into two classes in addition to the classes already named, to wit, simple hypertrophy and dilatation. One of these additional classes embraces cases in which the hypertrophy exceeds in amount the dilatation, and the other embraces cases in which the dilatation exceeds in amount the hypertrophy; the former being distinguished as hypertrophy with dilatation, and the latter as dilatation with hypertrophy. This seems to me to render the classification needlessly complicated. It answers every practical purpose to arrange all cases in two divisions, viz. cases of predominating hypertrophy, and cases of predominating dilatation;

including in these divisions the rare instances in which the hypertrophy and the dilatation are simple. I am accustomed to make this arrangement; and the inquiry will now arise, how are we to differentiate, in practice, cases of enlargement in which hypertrophy predominates, and cases in which dilatation predominates? A few words, in the first place, with respect to the importance of this discrimination.

It is by no means a matter of indifference, as regards the gravity of the patient's condition, whether hypertrophy or dilatation predominate. When we come to consider hereafter the pathology of diseases of the heart, we shall see that enlargement by hypertrophy, occurring, as it does, generally in connexion with valvular lesions, is a conservative provision, preventing or postponing evils which would otherwise ensue as effects of these lesions. The hypertrophy involves augmented power of the heart's action, and in this way enables the heart to carry on the circulation, notwithstanding the obstructions and regurgitations incidental to valvular lesions. Dilatation, on the contrary, weakens the heart's action; the circulation is enfeebled in proportion to the amount of dilatation. A large share of the evils, and much of the danger of organic affections of the heart, arise from the weakness of the organ proceeding from dilatation. We shall see, hereafter, that, as a rule, when enlargement is occasioned by valvular lesions, hypertrophy occurs first, and subsequently dilatation; the latter becomes predominant after the thickness of the walls of the heart has reached the limit of abnormal growth. It is, therefore, of very great importance, in order to form a correct opinion of the condition of a patient affected with enlargement of the heart, to determine whether the enlargement involve predominant hypertrophy or predominant dilatation. How is this point to be determined?

Having ascertained by the rules already laid down that the heart is enlarged, in determining whether hypertrophy or dilatation predominate, we are guided, mainly, by the signs and symptoms which denote, on the one hand, increased power, or on the other hand, weakness of the heart's action. Increased power may be shown by the strength of the apex-beat. Placing the finger in the intercostal space, in which this beat is felt, we are sensible of an abnormal force of impulsion. In some cases, however, the apex-beat may be feeble, although hypertrophy predominates, in consequence of a change in the form of the heart, produced by the enlargement; the organ assumes a more globular form, and the pointed extremity being lost, the impulsion may be weak. But other impulses are usually felt. If the apex-beat be in the sixth or seventh intercostal space, impulses are felt in one, two, or three of the intercostal spaces situated above the situation of the apex. These impulses are strong in proportion to the predominance of the hypertrophy. Not unfrequently a cardiac impulse, more or less strong, is felt in the epigastrium; this occurs especially when the right ventricle is hypertrophied. Not only are strong impulses felt in the intercostal spaces, but the ribs are raised by the systolic contractions of the ventricles. The whole præcordia, in some cases, has a heaving movement; the hand or head, when applied to it, being elevated with a degree of force, showing that the heart is acting with abnormal power. An important distinction, here, relates to increased strength due to hypertrophy, and increased activity due to functional excitement. In cases of palpitation, without organic disease, the heart appears to strike against the thoracic walls with great force; this is excited action, not augmented power. It is not difficult to make this distinction practically, but, in determining the existence of hypertrophy, we have the fact of enlargement to guide us, while in merely functional excitement the heart is not enlarged. The signs, then, which denote that enlargement of the heart is due to predominant hypertrophy, are: abnormal strength of the apex-beat, strong impulses in other intercostal spaces, and raising of the ribs or more or less powerful heaving of the præcordia —these signs proceeding from augmented power of the contractions of the ventricles, derived from the increased growth of muscular structure.

On the other hand, the signs denoting weakness of the heart's action in cases of enlargement with predominant dilatation, are: want of strength in the apex-beat, together with feebleness of impulse elsewhere or their absence, and slight or no heaving of the præcordia. The enlargement is generally greater than in cases in which hypertrophy predominates, and, if the thoracic walls are thin, the movements of the greatly dilated heart, as seen and felt in the intercostal spaces, are undulations rather than impulses.

There are certain corroborative signs pertaining to the heart-sounds, denoting on the one hand hypertrophy, and on the other hand dilatation, which I shall notice hereafter when the heart-sounds have been considered. I shall have occasion to refer to enlargement of the heart in treating of valvular lesions, and I shall then illustrate a point connected with the present subject to which I have not as yet referred, viz. the means of determining that the enlargement is especially of the right or of the left side of the heart. In a large proportion of cases of enlargement, the right and left side of the organ are not equally increased in size; the hypertrophy or dilatation may be chiefly seated in, or even limited to, the left or the right ventricle. There are certain signs which frequently enable us to determine which of the two ventricles is especially enlarged. The consideration of these signs we must defer until the heart-sounds have been considered.

I shall now introduce a patient affected with enlargement of the heart. Reviewing the signs of enlargement as they are here illustrated, the question which follows is: Does hypertrophy or dilatation predominate in this case? Placing the finger in the sixth intercostal space, in which the apex-beat is felt, I feel the movements of the apex to be abnormally strong; it presses against my finger with force, and the movements are so marked as to be visible over the whole amphitheatre. Impulses are seen and felt in the fifth and fourth intercostal spaces; these impulses are quite strong. Placing my hand over the præcordia I feel a strong, heaving movement. In view of these signs, then, we may decide that hypertrophy predominates in this case. Patients affected with an enlargement of the heart in which dilatation predominates, are apt to be in a condition rendering it difficult to come into the amphitheatre. There are several in my wards, and I will call your attention to them at the bedside on my clinical days.

In discriminating between hypertrophy and dilatation, we are to take into account symptoms as well as signs. But with respect to symptoms I have to repeat a statement already made, viz. in the great majority of cases enlargement is associated with, and has been produced by, valvular lesions. The symptoms are dependent, to a greater or less extent, on the latter. Hypertrophy, without valvular lesions, is exceedingly rare, but instances do occur. I met with a marked example during the last summer, in a case in which sudden death occurred from congestive apoplexy. I exhibited the specimen to the Pathological Society; the walls of the left ventricle were more than an inch in thickness and the valves were perfectly sound. The person, a young man, appeared to be in perfect health after the moment of the apoplectic seizure. The symptoms belonging to simple, uncomplicated hypertrophy are those proceeding from abnormal power of the heart's action, viz. a strong arterial pulse, flushing of the face, a tendency to active congestion of vascular organs, especially the head, etc. But the case just referred to shows that marked hypertrophy may exist as a latent affection. Dilatation of the heart may also exist without valvular lesions, and the symptoms are those which proceed from weakness of the organ. These are: dyspnœa, from deficient power of the right ventricle, and accumulation of blood in the left auricle; general venous congestion from accumulation of blood in the right cavities of the heart, together with defective power of the left ventricle, and, as a result of this congestion, œdema and general dropsy. In extreme cases lividity of the prolabia and of

the surface generally, is marked; the pulse is notably feeble, and there is a tendency to syncope. When these symptoms are present in cases of dilatation, associated with valvular lesions, they are due, in a great measure, to the former. Valvular lesions, in fact, do not, as a rule, lead to dyspnœa, lividity, syncope, and dropsy, etc., until, as a consequence of these lesions, dilatation has succeeded hypertrophy, and these symptomatic phenomena arise from the feebleness of the heart's action incidental to the dilatation.

Leaving, now, the subject of the enlargement of the heart, I shall proceed to ask your attention to the diagnosis of valvular lesions. And, as preliminary to the consideration of this subject, I must enter into some account of the normal heart-sounds. In order to understand the signs on which the diagnosis of valvular lesions is based, it is essential to know certain points relating to the normal sounds of the heart. These sounds are two in number, and they are usually called the *first* and *second* sound; sometimes the systolic and diastolic. Let me describe these sounds as they are heard by applying the ear or the stethoscope at the point where the apex-beat is seen or felt. I shall give the characters belonging to each of the sounds, and I will ask you to verify the correctness of my account for yourselves, which you can easily do by listening to them in the healthy chest. Applying the ear over the apex of the heart, you will hear two sounds following in quick succession, the interval between the two being so short as to be barely appreciable. Then follows a distinct interval. Now, the two sounds continue to occur uniformly in the same relation to each other, viz. separated by a very brief interval, and after the two sounds have occurred, there is a distinct interval. This succession of the first and second sound constitutes the rhythm of the heart-sounds. We will recur to this presently.

The two sounds, as heard in this situation, viz. over the apex, are not identical. I will mention the characters by which they are relatively distinguished, and ask you to verify them for yourselves. The first, or systolic sound, is louder than the second, or diastolic; it is longer, usually twice as long; it is lower in pitch, and it has a certain quality to which we may apply the name *booming*. The second, or diastolic sound, is less intense than the first, or systolic; it is shorter; it is higher in pitch, and it has a certain quality which we may call clicking or valvular. These characters are more or less marked in different persons, but they are sufficiently marked in most healthy chests. Again let me ask you to verify and to make yourselves practically familiar with them before my next lecture.

Returning, now, to the rhythmical succession of the two sounds, it is customary to represent them, together with the intervals, by the fractional parts of a unit. It is not practically important to do this, and all are not exactly agreed as regards the relative fractional value of the sounds and intervals. I will give the division which seems to me to be the most accurate. Reckoning as a unit the time which elapses from the first sound to its recurrence, called the beat or revolution of the heart, the duration of the first sound is $\frac{1}{3}$; the brief interval between the two sounds is $\frac{1}{8}$; the duration of the second sound is $\frac{1}{8}$, and the long interval or silence, is $\frac{1}{3}$. We may express the same fractional subdivision in musical language, thus:—The first

sound is a crotchet followed by an interval of a quaver rest; then the second sound is a quaver, followed by an interval of a crotchet rest.

The death of Dr. Josiah Trowbridge, of Buffalo, one of the oldest and most distinguished physicians of western New York is announced,

Original Communications.

REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(*Continued from* p. 187.)

Turning now to the other form of the disease, we have here an external and a sectional view of the contracted and hobnail kidney. It is contracted to about two-thirds its proper size. It does not seem to have undergone much change of color. It is contracted about equally in all directions, except that portions in points or lines have been retracted more than other parts, the effect of which is apparently to throw out, over the whole exterior, abundance of warty elevations and irregular eminences, separated from each other by little irregular valleys or rounded depressions. The vascularity has lost its network and circumlobular arrangement, and is grouped into stellate or branching forms, which occupy almost wholly the depressions. In some of these depressions are ecchymotic points, and on the upper half of the organ is an ecchymosis (subcapsular) of an inch and more in extent. The elevations vary in size from that of half a B B shot to that of half of a large pea. The capsule turned off is thicker, more opaque than natural, and has on the inner surface fragments of vessels that are common to it and the surface of the kidney. It was pretty firmly adherent. On section, it is noticed that the pyramids extend nearly to the external surface of the kidney, leaving the cortical layer a thickness of only about one eighth of an inch, and in some places less. They are compact, well defined, and whitened towards their apices. The whole organ is firm and resisting, so that thin sections are easily cut from it. The pelvic membrane is thick, whitish, and rather vascular. The color of the section, with the exception of the thin external border, is greyish rather than brown, while that of the cortical border is reddish brown. The vessels are well filled, but not congested.

Here finally I call your attention again to the horse-shoe kidney. The two parts together fall short of the size and weight of two healthy organs. The external view shows it small and smooth; the vessels not visible; the color singularly but accidentally changed to an olive, as has been already noticed. It is dotted over with yellowish grey spots. The capsule is thick and strong, and rather firmly adherent, but not vascular. The vascularity, however, cannot be fairly judged of from the present appearance, as the specimen was sent from Rhode Island, and had been two days removed from the body when it came under observation. The section shows some of the pyramids reaching fairly to the external surface, and others leaving the cortical layer of the average thickness. They are, like the last, compact and well defined, but not whitened towards their apices. The organ is tough, that is, difficult to tear, but not firm to pressure, so that thin sections are not easily made. The pelvic membrane is white and almost opaque, but shows no vessels. The color of the section is, in the main, the same as that of the external surface, and this being accidental and exceptional, we make no account of it as a feature of Bright's disease; but the section is dotted over with yellowish grey spots like those above noticed. These, as will be seen hereafter, are evidences of fatty and granular degeneration, and are a lesion of the enlarging kidney, though these specimens are of the fibrous variety.

I have now exhibited illustrations of the two leading forms of Bright's disease, and of the most important stages by which the extreme lesions in these two forms are reached. There is one condition more that is important, of which I have no illustrations. It is that state in which there is enlargement of the kidney without material change of color. All the vessels are full, and in a thin section the

malpighian bodies are seen often as bright red spots retaining the blood, while it flows out of the cut veins. The kidney is loaded and distended with blood, but the characteristic exudations have not yet taken place. It is a state sometimes seen in the acute variety of the affection when death occurs early. Were it not for the symptoms, namely the œdema, the pale complexion, the albumen, the casts, and often blood in the urine, the varying indications of uræmia, etc., it might be considered congestion and nothing more. Regarded as a stage of Bright's disease, correctly no doubt, when the acute subsides into the chronic state, it is not to be inferred that this deep congestion is at all essential to the latter. The chronic affection usually comes on insidiously, with a congestion no doubt, but a congestion which in a degree falls far short of that here described.

Regarding the kidneys of normal size; to the eye alone, they usually present nothing very characteristic. Sometimes they are firm and hard; they may be set more or less thickly with greyish grains; the pyramids may be pale and firm in their internal halves; they may show by these or other appearances in which direction the disease is tending, but often, though the signs during life have been sufficiently manifest, after death the microscope alone can reveal the changes which have actually occurred.

I shall not stop here to indicate the points of resemblance and contrast between the small and the large kidney, for that can be much better done when we have studied the changes which the microscope discloses in each. I pass, therefore, now to this branch of our subject. I do not intend to give the individual analysis of the particular organs which have been thus far described, although my notes would enable me to do this; but to explain first what the changes are, and afterwards indicate somewhat statistically the relations of each of these changes to the different forms of the disease.

Here, as in the general description of the kidneys, fearing that words would not adequately present the facts to the mind, I have reduced all the characteristic appearances to pencil sketches, which I believe will be found truthful, though they may lack artistic elegance and finish. On these small cards are the drawings as they were made ten years ago for my own use in comparing one case with another. The numbers correspond with the numbers of the cases. On the large sheets hanging against the wall are magnified views of the most striking of the appearances from the cards. The representations on the cards are at a magnifying power of four hundred diameters.

Dr. George Johnson (Diseases of the Kidney, p. 323) has expressed the conviction that, although new fibrous tissue is sometimes developed in the kidney, its occurrence "is an unessential, and indeed, an accidental phenomenon, and that it has no important share in the atrophy," etc. But Frerichs' doubt regarding the existence of a normal fibrous matrix is, he says, "a piece of scepticism which I am at a loss to account for." Regarding the existence of the fibrous matrix, I, with him, am surprised that there should be any doubt. Since the publication by this Academy of the careful researches of the late lamented Isaacs, I cannot believe that any of its Fellows can hesitate on this point. But that a close observer like Dr. Johnson should not often have found the evidence of new fibrous tissue in diseased kidneys, and have seen the important morbid changes to which it gives rise, may justify me in quoting his comment on Frerichs' scepticism against himself.

In looking for new fibrous tissue in the kidney we are not, in the main, to look for marks which will distinguish the new from the old or normal. In some instances there is no difficulty in recognising oval nucleated cells which are produced into fibres in the direction of their long axis. These, though they are to be found in the normal matrix, sometimes exist in considerable quantity, and then, I believe, they indicate a rapid production of new fibres. The appearance of these bodies may be seen on many of the cards, and here on the large drawings. But in general the increase of the fibrous element is effected, whether by fibrillation or by fibre-cells, in such manner as to render any distinction between the old and new, or rather between the fibres that are normal in quantity and those that constitute the excess, impossible. This, however, is not peculiar to diseased kidneys. Nobody can teach us how to distinguish the normal fibres in cirrhosis, and separate them from those of the excess. The same is true of fibrous disease of the testis, indeed of all parts that have undergone this change. The excess seems to depend on an unnaturally rapid growth of fibres rather than on growth by any new laws. It depends on quantity, not on kind. The question then is, does disease ever cause an increased quantity of fibres to be laid down in the stroma or intertubular portions of the kidney? If it does, then another question follows; does this unnatural amount and new fibrous matter produce any changes in the form and function of the organ? Both these questions, I cannot doubt, must be answered in the affirmative. I am aware that we have not the means of demonstrating the facts with absolute certainty by count or measure, but after the inspection of a great number of kidneys, healthy and diseased, and an unbiased comparison of the two kinds, my judgment cannot exclude the impressions, even though somewhat general, of microscopic vision, any more than it can those of quantity and proportion in things that are under daily observation by ordinary sight. In making this statement I do not forget that if the tubes and vessels be dwarfed and shrunken, the quantity of fibrous tissue remaining normal, the latter may *appear* excessive, or that the decaying tubes may resemble fibres; but the possibility of such a mistake has been in my mind while I have been studying this point, and the conviction I have stated has been confirmed nevertheless. Further, I cannot but agree with those who ascribe this dwarfing and obliteration of tubes and vessels, no less than the diminished size, rugged surface, and hardened tissue of the kidney, to the contractile action of this overgrown structure of fibres. For the appearance of this morbid increase of a normal element I cannot do better than refer to Dr. Isaacs' drawings of the "Fibrous Matrix of the Kidney," as seen by him in the inferior animals and in man. (*Trans. of the N. Y. Acad. of Med.* Vol. I. Pt. IX. pp. 418—431.) In fig. 41 is shown this fibrous matrix in the quantity which, after extended search, he regards as normal. It will strike every one who uses the microscope that he often finds kidneys in which the fibrous element is not only in larger proportion, but is absolutely in marked excess over what is there represented. Indeed Dr. Isaacs, who worked by measure, if not by count, in his next figure shows the matrix in much larger quantity, and though he does not say that the organ was diseased, he goes on directly to recognise the fact that it may be (p. 428). "Thickening and induration of the matrix may produce injurious effects otherwise than by the constriction of the tubes and malpighian bodies," "by direct pressure on the vessel," etc. For me, then, the fibrous element is often in excess, and the fact is not manifest in the appreciable characters of the fibres, as seen by the microscope (except when there is an unusual production of nucleated fibres or fibre-cells), but in its abundance alone. This statement, however, is not applicable to the horse-shoe kidney just now described. In that, and in that alone, among these thirty cases, the fibres had a peculiar appearance. They were not only very abundant, but they had been formed in broad, irregular, distinct, branching, non-striated, glistening bands. Their existence was not uncertain, as it often is in healthy kidneys, but they were the conspicuous objects of every field, obtruding them upon the attention rather than waiting to be searched for.

Again, there is in Bright's disease a singular decay of the cells forming the ephithelial lining of the uriniferous tubes. They break up into fine granular matter. The view which I here indicate on the large sheets, and some of the figures on card No. 16, show the healthy cells. They are represented as lying one in contact with another, and the blendings can be but indistinctly seen, but they are so united as

to make a complete tubular lining within and in contact with the delicate basement membrane which forms the outer boundary of the tube. They are of considerable thickness, so that in the small straight tubes they occupy one-half the diameter, leaving only a very small inner tube for the secretion to flow through. Each of these cells has its nucleus, and these nuclei are the most conspicuous parts of the cells on account of the distinctness with which they can be seen. These cells, it should be noticed, contain nothing that is visible but their nuclei, and here and there a minute globule of oil. Now mark the steps by which this granular decay is effected. Here is a view of these epithelial cells preserving the same relations to each other and to the basement membrane as in the healthy tubes, but they have lost something of their thickness. They are no longer transparent, but each cell is occupied by myriads of exceedingly minute grains. Curved lines still indicate the blendings of the cells in some parts, while in others these lines are lost in the general though incipient granular degeneration. The nuclei, however, are for the most part distinct, and mark the position of each cell. The nuclei have not become granular, but they have generally lost their nucleoli. A few of the cells do not contain a nucleus. From these in the progress of decay the nucleus has been discharged. The nuclei are undoubtedly susceptible of this granular degeneration, but most of them appear to be discharged before the process is completed in the cells. Next observe these several figures; the tubes are seen lined with a fine granular matter in which neither cell nor nucleus can be distinguished. The cells have been wholly destroyed, completely disintegrated, but the matter into which they have been transformed still adheres to the basement membrane, leaving the tube pervious. In these instances the nuclei have either partaken of the granular decay or have escaped. But this is not always the case, for not unfrequently in the midst of this granular matter the remains of nuclei can be seen, and also fragments of cells. It is worthy of particular attention that in tubes that are the seat of this granular decay there is no attempt at the reproduction of cells. No newly formed cell or nucleus can be seen pushing off the granular matter. The epithelium seems to be for ever lost, and the function of the tube permanently abolished or gravely modified. It is proper to remark here that no kidney ever has all its tubes in this condition. Many, even in the extremest case of this disease, still possess their epithelium but slightly changed or healthy. We have no means of studying the function of the healthy and granular tubes separately. If we had, here would be a condition which might lead us to a knowledge of the real duty and office of the epithelium. This granular matter is not unfrequently found to be mixed with a greater or less number of small oil globules. These tubes, you will notice, do not contain them, but those on the next sheet represent that concurrence. There is still another step in this morbid process. The figures I now indicate show the basement membrane entirely naked; not a granule, or globule, or cell, or nucleus can be seen upon it. One is entirely empty, but others still contain the granular matter rolled into various forms and occupying the centre of the tubes. In this it has assumed a club shape, comparatively a large cylinder below, half filling the tube and growing smaller as we follow it upwards. In that, it has been formed into rather a thin rod, straight, then curved at one extremity, but directly bent into zigzags crossing and recrossing the tube many times. Here again it should be noticed that though the basement membrane is denuded, having cast off the granular matter that lined and obscured it in the last figure, it exhibits no power even now to reproduce its epithelium. This stage of the granular degeneration is not so frequently seen as the empty tubes, but it is not very rare; I have met with it six times in the thirty cases, and with equal frequency in the cortical and tubular structures.

(*To be Continued.*)

NEGLECTED CASES.

By CHARLES F. TAYLOR, M.D.
OF NEW YORK.

INFANTILE PARALYSIS.

(*Continued from page* 189.)

With regard to treatment, there is but one idea to act upon. The development of every organ takes place in consequence of the use thereof. We must use the member. Rubbing and passive movements aid the circulation, and these feebly assist in its preservation, but cannot affect the conducting power, the nerve. We wish to develop the *nerve*. We must, therefore, exert the *will*. But the will does not penetrate, unaided, the deteriorated nervous tracts, but according to a powerful instinct, more readily traverses the accustomed, unobstructed nerves, and stimulates healthy muscles. This *instinct* to avoid using a paralysed member is more powerful than the *desire* to use it: hence the constant failure of unaided efforts. A patient when asked to perform any act with the paralysed member, instead of attempting it will immediately produce a motion resembling it, or analogous to it, but made with the unaffected parts. You can only accomplish the desired object of concentrating the volition upon paralysed muscles, by placing the patient in such positions and making the conditions generally such that it will be *difficult* to use the *un*affected parts. In this way the instinct, instead of thwarting, aids the effort. And whatever skill there may be in the treatment of such cases, lies not so much merely in the theory, as in the tact with which these favoring conditions are sought out and adapted to particular cases; the *morale* of the patient and his hearty coöperation must be secured; till a decided acceleration has been given to the nutrition of the paralysed nerves and muscles. The particular methods by which this is done, especially in young children, depend too much on circumstances varying with each case and disposition, to be particularized here. In adults, where we have the coöperation of the intellect, these methods may be reduced to a more definite system; but here again we have lost so much by delay, in the increased atrophy of certain tissues, that the difficulties are always increased. Let me illustrate some of the difficulties to be encountered in the treatment of very young children, and how they are to be overcome.

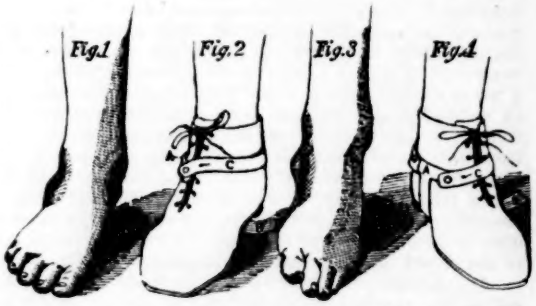
A child of two and a half years old is presented for treatment, for it is quite possible to accomplish all desirable objects even at that early age. The paralysis we will suppose to be of the leg, which is shorter than the other, softer, smaller, and useless. The child has no more idea of using it than he has of engineering. He could not use it if he should try, and he does not know how to try; besides, he is too young to comprehend if he is told. He is peevish, wilful and spoiled in temper, because he has been lame; and since the electrician gave him the "shock" he screams and kicks (with the *well* leg!) at the very name of doctor. What shall be done with such a case? Speak to him and he runs away; leave him alone and he is crippled for life; seize him and endeavor to force him, and he uses himself vigorously—*except* the paralysed leg! My method is as follows. First let the child see you without making any advances to him, not even speaking to him, till he has become accustomed to your presence; never at any time attempt much familiarity with him. Take occasion, if he is timid, to pass near him, but not to touch him; then sit near him; never call him; but on a proper occasion, take him on your lap. If he tries to get away, put him off on the *other* side, so that he will gain no point with you. Thus he will get accustomed to being handled, and you leave the impression of having had your way. Very soon you can set him on his *well* foot—it must always be the *well* leg first—you put one of his arms around your neck for him to steady himself by; then with one arm around him and one having hold of his knee, you gently bend the knee forward, but protecting him so that he will get no apprehensions of falling. As his knee is thus

pressed gently forward, he instinctively makes an effort to straighten it and is allowed to do so. Then the same is repeated till he gets accustomed to this kind of curtseying motion, a movement which requires a great effort, and uses powerfully all the muscles of the leg. You may have tried half a dozen times or half a dozen days before you have accomplished all this. But if you have been careful, kept your patience, and said nothing, you will have done it at last. In this way the child is taught what you wish of him; and when you turn him on to the paralysed leg he makes a similar effort to the one he has just learned to do with the other. At each step you must teach him by his instincts—as Rarey does the horse—for he can understand no other language. It is astonishing how readily they will learn; how vigorously and faithfully they will work; and, best of all, how rapidly they improve. It does not take long, generally, to teach a young child, like the one supposed, to do all necessary things. But, of course, it takes time and patience and considerable ingenuity to carry out such a treatment in all its thousand variations. A child soon learns to try whatever is required of him; but he must never be required to do that which he cannot easily accomplish. Each successive step must be made easy, and all chasms must be so well bridged over that he will shrink from nothing. In this way the development of the paralysed limb or muscle, as the case may be, must be kept up till the relative difference between it and the rest of the body is so far diminished that the patient begins voluntarily to use it; after that point is reached, the improvement will keep on spontaneously from the acceleration given to it by the treatment.

From a large experience in this class of cases, I am certain that, by carrying out the ideas above set forth with tact, ingenuity, and perseverance, the majority of these cases may be practically saved from becoming lifelong cripples. Here are the general principles only. The minutiæ of the treatment and illustrations of the various apparatus made to facilitate it, would take too much space to explain in an article like this.

But the one idea of *isolating* the paralysed muscles, to the utter exclusion of the others, should never be lost sight of for a moment. An indefinite, scattered volition has no curative effect whatever, because it fails to traverse the obstructed (so to speak) nervous tracts or to stimulate the more irritable muscles. The movement of the limb and the contraction of the muscle even, are always secondary, and are only a convenient method of securing the initial effect of the volition on the nerve. But the movement is not absolutely necessary; for if we could secure the same effort without it, the effect on the development would be nearly the same. I have seen several instances where the apparently completely atrophied muscle made no perceptible contraction, but after vigorous efforts, continued for a long time, would positively begin to increase in size, and finally exert its function. In one case, particularly, after the muscle had been for some time increasing in size, it suddenly, under my own eye, contracted, for the first time. It always retained the power and restored the usefulness of the member. One of the complications of infantile paralysis is a twisting of the ankle outwards or inwards, producing a species of talipes valgus, varus, etc., as the case may be. This deformity is produced by the unequal paralysis and consequent relaxation of certain muscles, rather than by the over-contraction of others, except that tonic contraction which always takes place when an antagonist relaxes its force. That is, I have never found any irritative contraction, such as we have in apoplectic paralysis, causing strong muscles to overpower their weaker antagonists: or in the foot, hand, and other parts. But there is great relaxation of the ankle-joint; the foot is easily twisted to one side, and, from the effects of position alone, certain muscles become permanently shortened, while others are correspondingly elongated. This deformity, if not remedied, is always unfortunate, as it still further prevents the use of the leg, by impeding locomotion, when otherwise it might be serviceable. Tenotomy, in some few cases, may be proper, but it is seldom so, partly on account of the great weakness of the joint which might be increased by the operation, and especially because in most cases this deformity can be cured without having recourse to this operation. The ordinary "leg irons" sold in the shops for these weak ankles are of very questionable utility. They are heavy, awkward, liable to break and get out of order; confining and preventing what little muscular action there might otherwise be, and above all, do nothing towards a cure. The most that can be said of them is that, holding the ankle from bending beyond a certain distance (they never entirely prevent it) they made progression possible in come cases. But in most cases, from the difficulty of putting on the shoe with its cumbrous apparatus, the foot is crowded down into the shoe in such a distorted manner that the weight is borne on the side instead of the sole, and the deformity is thus made worse. All instruments should be curative in their tendency, but this, at best, only temporarily aids progression in a very few cases.

The accompanying cuts illustrate a simple contrivance which I have used for several years, with perfect satisfaction. Figures 1 and 3 are good illustrations of these deformi-



ties of the foot and ankle, the result of infantile paralysis. In Fig. 1, the tibialis anticus and posticus, and in Fig. 3 the peronei muscles, are relatively more paralysed than their antagonists on the other side of the leg; and hence the ankle, not being supported on that side of the paralysed muscles, turns towards them, and away from those relatively stronger. In course of time the shortening of one set and the elongation of the other set of muscles become permanent. Thus we have talipes valgus (Fig. 1), or varus (Fig. 2). A proper treatment would seek to reverse this order of things, by efforts to expand the contracted muscles and to allow the elongated ones to shorten. This can be effectually done by a very cheap and simple means. Figures 2 and 4 represent the same feet shown at Figs. 1 and 3, dressed in a manner to accomplish these results, and at the same time to give a firm and secure basis on which the patient can with confidence stand; while, standing or walking, there is continually being effected something towards a cure. This contrivance consists of a piece of steel (*a*, *b*) riveted to the bottom of the shoe in contact with the heel; one end (*b*) passing out on the side towards which the ankle bends about one inch beyond the foot and pressing on the ground; while the other portion (*a*) presses up beside the foot to just below the ankle. Now, if we button the strap (*c*) around the ankle from one side of the top piece (*a*) to the other, the ankle must be held firmly up when the foot is pressed upon, being supported by the projection (*b*) resting on the ground. There is no getting away from it; for at each step, though the joint is perfectly free when the foot is taken up, whenever the foot comes down the projection (*b*) acts as a lever to turn the sole of the foot flat on the ground, while the other end (*a*) is thrown off, pulling after it the ankle held firmly by the strap (*c*). Thus, in Fig. 3, the foot would be turned *outward* as at Fig. 4; or in Fig. 1 it would be turned *inward* as shown at Fig. 2, and at each step stretching the peronei (Figs. 1 and 2) or the

tibialis anticus, posticus, &c. (Figs. 3 and 4), as the case may be; and also gradually moulding the joint back to its proper shape and position; at the same time increasing instead of diminishing the motions of the muscles.

Progress of Medical Science.

RADICAL CURE OF EXOMPHALOS IN THE ADULT.

Dr. Patrick Heron Watson has given in the *Edinburgh Medical Journal*, the details of a novel operation for the cure of exomphalos in the adult. Dr. W. was requested last February to see a married woman, aged 35, who had a hernial protrusion in the situation of the umbilicus, about as large as a cocoa-nut with the husk. It was composed principally of bowel, but partly of omentum. About seven years before she had received a kick from a cow, immediately after which a protrusion showed itself in the situation referred to. It was always reducible, but she was never able by any contrivance to keep it in position. This was due partly to the size of the protruded contents and partly to a tendency which she had to obesity. The protrusion, from being comparatively small at first, gradually increased in size. The opening was large enough to admit the ends of the four fingers covered by the pouch of redundant skin. When walking about, the protrusion would hang down in front of her like a bag with the cicatrix of the umbilicus at its most dependent portion. The patient being extremely anxious to obtain relief by operation, Dr. W., from the condition of the parts, the opening being large, the amount of protrusion being great, and the absence of any canal between the sac and the abdominal cavity, did not think it advisable to attempt to follow the ordinary plans which are recommended for the treatment of hernia. He thus describes his method of procedure in this case:—

"It occurred to me, that by passing a wire backwards and forwards subintegumentally through the margin of the fibrous aperture, the parts might be drawn together, as the mouth of a bag or purse is by a string, so as to prevent all protrusion for the time, while such an amount of consolidation would occur as should effect the permanent occlusion of the opening. Accordingly, on the 20th of May, the patient having had her bowels freely evacuated, I reduced the hernial contents, and keeping them reduced by introducing the fingers of the left hand into the large circular opening, I passed the point and shaft of a needle in a fixed handle armed with stout silver wire, three times backwards and forwards, subcutaneously, through the upper half of the tendinous circumference of the aperture. The point of the needle was then carried outwards through the skin, and the wire disengaged. Having then withdrawn the needle, it was again armed with the other extremity of the same wire, and, introducing its point by the first cutaneous puncture, it was passed three times backwards and forwards through the lower half of the circumference of the tendinous opening, and made to emerge through the same cutaneous puncture as the end of the wire which had been first passed. In this way the aperture was surrounded by a loop of wire, and its margin so picked up as to admit of its being firmly drawn together. The two ends were now drawn by an assistant across each other, when the aperture was felt to become more and more contracted, until the little finger was tightly constricted; with a little more traction this opening was felt to become entirely occluded. The ends of the wire were now crossed two or three times, so as to twist them together, and thus prevent the opening from becoming relaxed. The ends were further crossed over a roller bandage, so as to admit of the wire being tightened, by twisting from day to day should this be requisite. To afford steady support, a pad was placed over the site of the hernial aperture, and a flannel bandage carried round the abdomen.

"As the immediate result of the operation the sac became distended with serous fluid and masses of lymph. But these were speedily removed by absorption without the employment of any treatment. Slight suppuration, however, occurred along the course of the wire, where it emerged from the skin, and a limited abscess formed beneath the skin, but external to the tendinous surface; this was opened—after which the parts cicatrized. At the end of the first week the wire was daily twisted more and more, and on the tenth day after the operation the wire came away of its own accord. The loose integumental texture which enveloped the hernia gradually contracted until the surface became quite level, and a mere thimble-like projection indicated the portion of the tissues which had been spread out over the rupture. On the 20th of March, eighteen days after the operation, the parts were perfectly consolidated. After this the patient was up every day and walked about; and by the 20th of April was so perfectly strong and well, as to be able to return to the country to resume her duties in the kitchen."

In oblique inguinal hernia, and in femoral hernia he does not think, owing to the peculiar anatomical arrangement of the parts, that the operation would be justifiable; the relation of the hernial sac to vascular parts rendering its performance attended with too great a risk. He, however, recommends it in cases of direct inguinal hernia. He says—

"In such cases, then, there seems to me to be nothing which should so absolutely interfere with the safety and success of the encircling of the fibrous textures constituting the mouth of the hernial sac in the manner already detailed, as to forbid its employment. The epigastric artery could alone come in the way, and might with moderate care be easily enough avoided, the finger being passed along with the integuments within the abdomen, so as to guide the point and passage of the needle. Having, however, had no occasion, since treating the case of exomphalos which I have detailed, and which led to the first employment of this method, to meet with any case of direct inguinal hernia which could not be retained by means of a well-fitting truss, I can only throw out these remarks with reference to the adoption of this plan in such cases, as a suggestion which, although it has no foundation in experience, may appear not unworthy of being tested in actual practice."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, June 25, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

CANCER OF THE LIVER.

Dr. Loomis presented a specimen of a liver taken from an Irishwoman who entered Bellevue Hospital on the 19th inst. She stated that she had been well up to eighteen months before, when she began to have symptoms of dyspepsia. She vomited her food without its being changed; at the same time she suffered from pain, sometimes of a severe character. Two or three years previous to this she had felt a tumor in her right side, which, however, had not decreased up to the time the aforementioned symptoms developed themselves. She was the mother of four children, the youngest being three years of age. Her dyspeptic symptoms continued to increase in severity for five or six months, when she began to vomit a dark-looking fluid which she described as resembling coffee grounds. She began to lose flesh, her pains became more intense, and the tumor increased rapidly. Thus she lingered along gradually emaciating until the time of her admission. Her pulse was then imperceptible at the wrist, her tongue brown and dry. She was very much emaciated, and was unable to turn in bed without assistance. Her mind was clear and her skin was of a deeply bronzed hue, the sclerotic coat of the eye being of a deep yellow. She was unable to retain anything on her stomach, rejecting it almost

immediately. Pain in the epigastrium was constantly complained of. On examination the abdomen was found evenly distended. Percussion in the lower portion detected the evidence of fluid. A tumor was also discovered in the epigastrium extending from one side to the other, and as low down as the umbilicus, the surface of which was nodulated and extremely tender. She lingered three days, and died in a state of coma. On making the autopsy, the heart and lungs were found perfectly healthy. The liver weighed eight pounds and twelve ounces, and was infiltrated with cancerous material. The mesenteric glands were filled with the same deposit, but were not very much enlarged. The uterus and ovaries were also the seats of cancerous deposits. No deposits were found in other parts of the body. The woman menstruated up to a year before her death.

Dr. Sands stated that he had made a post-mortem examination of a woman who had cancerous disease in both ovaries, and who was menstruating at the time of her death.

FIBRO-PLASTIC TUMOR.

Dr. Sands presented a cystic growth removed by Dr. Parker from the neck of a gentleman thirty years of age, in excellent health, and in whom the tumor appeared about a year ago. It was situated on the right side of the neck in front, beneath the angle of the jaw, almost directly over the situation of the common carotid at its place of division. The tumor was painless, and grew slowly, having in a year attained only the size of a walnut. It was elastic to the touch, and no one could say prior to its removal whether it contained fluid or not. It was always freely movable. Its removal was accomplished without difficulty. On being opened after removal, it was found to contain a soft solid material having a whitish color with a slight tinge of red. The growth was inclosed by a cyst wall, not secondary in its formation, not consisting merely of condensed areolar tissue, but one which was well marked and which peeled off half of the tumor, and displayed beneath a somewhat lobulated exterior. From the other half the cyst wall could not be peeled off so readily in consequence of its being formed of several small cysts. The microscopic appearances were those which are known to belong to fibro-plastic tumors.

EPITHELIAL AND TRUE CANCER COMBINED.

Dr. Sands presented a second specimen, which was mainly interesting on account of its microscopic appearances. The growth was removed by Dr. Parker from a gentleman fifty years of age. The patient had been the subject of four different operations for epithelial cancer of the lower lip. The last appearance of the disease first manifested itself about a year ago last December. The successive operations reduced the size of the lip so much that it was necessary to perform a plastic operation in the removal of the mass.

The microscopical appearances were very curious. There were the usual elements present of epithelial disease, but besides there were present structures which no one would hesitate to pronounce cancerous if they saw them alone. The cells were smaller than ordinary epithelial scales, and were furnished with large nuclei and nucleoli. Lebert and Hanover have both noticed the two forms of cancer intermingled.

BLOODY TUMOR OF THE NECK.

Dr. Conant presented a tumor removed from the neck of a patient at the clinic of the Medical Department of the University of Vermont, with the following history:—

J. B. G., aged sixty-five, presented himself May 30th to Dr. C. for advice in regard to a tumor situated on the right side of the neck. Upon careful examination the tumor was found to rest directly upon the common carotid artery from its commencement to the bifurcation. The sterno-cleido-mastoid muscle was crowded considerably outward, but rested upon a portion of the tumor. The omo-hyoid muscle could be distinctly felt traversing the tumor upwards and inwards, while the trachea and œsophagus were crowded considerably to the left side, so that breathing and deglutition were somewhat interfered with. This patient had consulted several surgeons, who had unanimously advised against an operation for its removal. The tumor had existed some five years, but had grown nearly one half during the past six months, and was beginning to trouble the patient so much that he had fully determined to have it removed. Professor Thayer and Dr. Steavens of Saint Alban's were requested to see the patient, when it was determined, after advising the patient of the dangers, to attempt the operation at the clinic on the following day. Dr. Hall of Saint Alban's, his family physician, was informed of the decision, and came to town to witness and assist in the operation. On Saturday the 31st, after disposing of other patients and operations, Mr. G. was placed upon the table, and ether administered by Dr. Hall. When the patient was fully under its influence, an incision was made over the median line of the tumor its whole length, carefully dissecting down with the grooved director through the superficial tissues. On arriving at the tumor, the forefinger was carried down under the lower end, when the pulsations of the arteria innominata could be distinctly felt. The tumor did not seem to be adherent to the carotid. The finger was then carried over the upper end of the tumor and down behind it, when the pulsations of the carotid were also distinctly felt. The two forefingers then swept the sides of the tumor, enucleating the whole mass completely from its bed. The whole operation occupied only thirteen minutes. Upon removing the pressure from the common carotid, the pulsations were extremely vigorous, producing a decided impression upon the whole right side of the neck. The hæmorrhage was considerable, and it was with difficulty that it could be controlled. After a long search it was found to come from a large branch of the superior thyroid artery, which had been the nutrient branch of the tumor. The perchloride of iron in solution was used to control the capillary hæmorrhage. From this the patient progressed favorably, and just three weeks after the operation returned home to his family.

Professor Stiles made a microscopical examination of the tumor, and found it to be a vascular degeneration of one of the deep cervical sympathetic glands—sometimes called bloody tumor of the neck.

Dr. Conant also presented a large tumor removed from the side of a female, with the following history. Miss A., aged thirty-six years, presented herself before the Medical Class in the University of Vermont on the day of the above operation, with a large tumor attached to the right side from the median line in front, to the median line behind over the crest of the ilium. The tumor was attached by a pedicle about sixteen inches long and four to five deep, and hung as low as the knee of the patient. It was somewhat pear-shaped, with the large extremity down, and was so heavy the patient had to lift it over herself when she wished to turn in bed. It was estimated that the mass would weigh thirty pounds.

The patient was just convalescing from measles, and it was thought best to take a week for preparation before attempting an operation for its removal.

ENORMOUS TUMOR OF THE SIDE.

She was again before the class on the fourth of the present month, when ether having been administered by Prof. Stiles, Dr. C., assisted by Prof. Allen and others, commenced the operation by first inserting strong bobbin through the entire pedicle at short distances, tying very tight the different sections as a precaution against hæmorrhage. Dr. C. had proposed for this purpose an iron screw clamp, but not being able to get one manufactured in season, adopted the above method; but the ligatures were not all satisfactory, as they were constantly giving way during the manipulation of the tumor, so that more than half of them were

broken before the operation was completed. The tumor was removed with the écraseur of Chassaignac, dividing the pedicle into parts as large as the chain would surround; it required six segments to divide the whole. The hæmorrhage was very slight from the side of the patient, but the veins were numerous and large, and the hæmorrhage from the cut surface of the tumor was so great that they were obliged to be ligatured during the progress of the operation. The time consumed in removing the entire mass was two hours and ten minutes. The surface uncovered was some sixty-four square inches. The lips of the wound were brought together by strong sutures, and the patient removed to the anteroom; some hæmorrhage appearing, the wound was opened, and one bleeding vessel secured, after which there was no more trouble. She was removed on a lounge by members of the class to her boarding-house, and carefully watched three days. No unpleasant symptom arose, dry clothes only were kept applied to the wound, which healed by first intention for about four-fifths of its length. The rest suppurated and healed by granulation, and the patient returned home the second week after the operation. The patient was very thin and small in stature, weighing only about one hundred pounds before the operation. The tumor weighed twenty-five, so that one-fourth the entire weight was removed. Microscopic examination proved the diagnosis to be correct, and the tumor to be a hypertrophied integumental corium of a fibroma. The patient has numerous small ones in the skin over the body, and proposes to come down each spring and have the largest one removed.

American Medical Times.

SATURDAY, OCTOBER 18, 1862.

OUR DISPENSARY SYSTEM.

The sick poor of New York city have for more than seventy years enjoyed the benefits of medical charity in the shape of an organized dispensary system. Nothing has been spared in time, influence, or money, on the part of those philanthropic citizens who have taken an interest in these charities, to make them as comprehensive as possible. Numerous important suggestions have been carried out, and very many improvements made; and though there be room for many more, we have the gratification of knowing that we have as perfect and efficient an organization as can anywhere be found. With the rapid growth of our city and the large immigration of the poorer classes, gradually increased demands have been made upon us for the provision of the needy; and at present we can point to no less than six of these institutions which alike do honor to their common mother, the New York Dispensary.

It is the gratifying privilege of the medical philanthropist to look back and count the great benefits which the community have derived from the outlay of money on the one hand and professional talent on the other. Aside from the relief to the poor in the abstract, the public owe to the dispensaries a debt of gratitude which can scarcely be appreciated.

It was only ten years after the foundation of the old City Dispensary that vaccination was offered every inhabitant of this city, and since that time the practice has been steadily kept up. The number of lives that have been saved, and the great check which vaccination has had upon the spread of the disease, can only be appreciated by comparing the statistics of the present day with those which were in existence before the great discovery of Jenner. The proportionate number who are vaccinated is increasing yearly, and we may soon hope to see the time when everyone shall wear the vaccination scar. If it were not for dispensaries where would have been obtained the vast supplies of virus that have been sent to our armies? The government appealed to these institutions in the emergency, and there was a prompt compliance with the demand. That part of the community, too, who do not belong to the class for which the charities are intended, are indirectly through their physicians dependent upon them for a supply of good vaccine virus. The care which the house physicians of the different institutions exercise in the selection of good points and scabs, and the character for reliability which they have deserved, is such, that our most substantial practitioners have been induced to rely upon them almost altogether for supplies.

Some time since we alluded to the objection which the trustees of our dispensaries had to the treatment of primary syphilis in these institutions. We now, however, understand that all objections to this measure have been removed, and that this class of unfortunates is properly cared for. It has been claimed by many that this will have a tendency to spread the vice by offering to those who are the victims of it, a safe and cheap cure. We cannot see the validity of this argument. The disease is shunned by every one, because there is a fear of it; and we cannot conceive of any one who is foolhardy enough to willingly run any risk of infection. Notwithstanding this fact, however, we see that illicit intercourse is still indulged in, each one hoping to escape disease—but it is only by virtue of this hope that he is willing to brave the risk. We cannot prevent the practice, but it is in our power to mitigate its effects. By timely treatment we eradicate the disease in that individual, save his constitution, and prevent the infection of others. That part of our duty seems plain enough. With the moral aspects of the question, however, we have nothing to do; neither do we consider it just that the trustees should assume all responsibility in the matter. Let us look at this question in another point of view. If we refuse to treat primary syphilis, constitutional symptoms will supervene, i. e. in most cases, and the remedies which must be used are not only expensive, but have to be long continued. For the primary sore only a drop or two of nitric acid or an application of nitrate of silver may be all that is required. It has been urged, too, that from these patients some remuneration should be exacted, inasmuch as the supposition is that they have necessarily made some outlay to expose themselves to the disease. Now, we know that the vast majority of such patients will sooner trust to some of the many quack nostrums than pay a medical man for advice. Hence, the disease too frequently takes its own course. This being the case the trustees, for want of a better one, must take the only course that is left, namely, the substitution of the lesser evil, the lack of remuneration, for the greater one, the spread of the disease. We believe, then, that the treatment of primary syphilis in our dispensaries will be productive of an immense deal of good. Another good effect of the dispensary system is apparent in the encouragement which it indirectly offers to labor, by treating so many as transient patients. Laborers, poor mechanics, and others who by virtue of their ailments can barely eke

out a sustenance, are thus kept in their situations. The public have the value of their services, and the poor patient a certain amount of remuneration which would all be stopped if the treatment were carried on in any one of our hospitals.

Let us briefly glance, in conclusion, at the effects of the dispensary system upon the profession as a body. The advantages for practice are so obvious, and the facilities which are offered for the study of specialties are so apparent to every one, that they need from us only a passing allusion. Our most distinguished metropolitan physicians have built up the foundation of reputations by the connexion which they have formerly held with these very institutions.

It has been supposed that dispensary practice was very apt to bestow medical advice on many of those who were not really needy. That there are too many instances where the plea of poverty is unjustly taken advantage of we cannot deny; but we will undertake to say, that the value of such practice is fully made up to the physician by the salary which he receives. Again, aside from professional advancement and the like, the physician has a higher remuneration, paid in the coin of heartfelt thanks from his patients, which, as they accumulate upon his hand, give him the proud satisfaction of having proved the meaning of the saying in Scripture: "I was sick and ye visited me."

THE WEEK.

The Commission appointed by the Surgeon-General to devise a method of expending the fund appropriated by Congress for the purchase of wooden limbs for soldiers, recently held a meeting in this city. It consisted of the following eminent surgeons: Drs. Van Buren, Gross, J. M. Warren, and Satterlee. After examining the subject they resolved to allow the patient fifty dollars for a lower, and twenty-five dollars for an upper extremity. The following artificial limb manufacturers were selected to supply limbs, viz. Dr. E. D. Hudson, New York, Dr. Douglas Bly and Mr. Selpho, New York, Mr. Douglass, Springfield, Mass., and Mr. Palmer, Philadelphia. The patient is at liberty to apply to either of these manufacturers, but if the price which they demand for a given limb exceeds the amount allowed, the patient, or his friends, must make up the deficiency. This arrangement is very judicious, and will lead to a proper use of the fund. Every maimed soldier will be able to obtain an artificial extremity of such quality as he chooses.

—

By a circular recently issued it appears that the Sanitary Commission has undertaken a special inspection of all the general hospitals of the army. It is estimated that there are not far from one hundred of these hospitals, with an aggregate of fifty thousand patients. We anticipate much good from this inspection. Our military hospitals are rapidly assuming more and more importance in the history of this war, and their management now interests nearly every family in the loyal States. To nothing is the community more sensitive than the constantly renewed reports of improper treatment of the soldiers in hospitals. While many of these reports are false, and often even absurd, some are founded in truth. Constant vigilance can alone secure the proper managoment of these institutions, and this must be secured by inspection. We notice that Dr. Henry G. Clark, of Boston, has been appointed Chief of the Corps of Inspectors, and that Drs. Bowditch and Ellis, of Boston, are already engaged in their duties.

—

In another column will be found the list of surgeons for the examination of persons claiming exemption, under the draft, for disability, appointed for the State of New York. It will be seen that the list embraces the names of the best known physicians of the State. This selection reflects great credit upon Surgeon-General Vanderpoel, who has been unwearied in his efforts to secure the right man for the right place.

—

We regret to notice the retirement of some of the older and most respectable members of the Medical Staff of the Volunteer Corps of the army. Dr. Crosby, of New Hampshire, resigned the situation some months since of Brigade-Surgeon. Recently, Dr. David Prince, of Illinois, an eminent surgeon of the West, also resigned his position of Brigade-Surgeon. Within the last few days Dr. John B. Trask, formerly Editor of the *Pacific Medical and Surgical Journal*, but recently Surgeon-in-Charge of the Finley Hospital, Washington, has retired from the service. The army cannot well spare the services of such men at this time. The two former have maintained a high reputation on the field, and the latter was one of those rigid disciplinarians who give to hospital management that precision which should characterize a military establishment. The former gentlemen return to their professional pursuits; and Dr. Trask will resume his connexion with the Medical Journal, which he had long conducted with eminent ability.

—

We have to announce the death of another of our oldest and most respected physicians. Dr. John C. Cheesman died on Saturday, Oct. 11th, in the 75th year of his age, at his residence, No. 230 Fifth Avenue. Dr. Cheesman has long occupied a prominent position in the profession of this city. He was for many years a surgeon of the New York Hospital, and a trustee of the College of Physicians and Surgeons. He was a very successful practitioner, and for a long period enjoyed a large and lucrative practice.

Correspondence.

MEDICAL PRESCRIPTION WRITING.

[To the Editor of the American Medical Times.]

Dear Doctor:—If a thirty years' devotion to the practice of Pharmacy will justify the appeal, may one ask for the use of your columns to catch the eye, and perchance awaken the attention of Medical Practitioners, to the importance of intelligible Prescription Writing; for a reference to any Apothecary's Prescription file will show that in too many cases little or no consideration is given to the subject. If the labor I am about to assume be a thankless one, or if it be displeasing to some (which I would regret), I can only plead for the reputation of the Apothecary, and against any unnecessary risk of human life, as my motives, and if need be my excuse.

Doctors, like other men, are creatures of habit, but the responsibility of their calling, and the necessary exercise of a careful and minute investigation into the nature and cause of disease, should induce a corresponding habit of distinctly prescribing the remedial agents on which they must rely, and without which a mere diagnosis of the disease will avail but little, in its cure. It is a noticeable

fact, that much of the evil alluded to arises from the deficient quantity and quality of the paper on which prescriptions are frequently written.

Many physicians depend on the kind of paper that chance may throw in their way when it is needed, acting upon the idea that any kind will do for prescriptions; but a moment's reflection will satisfy the most unthinking that these media of life or death demand more careful attention. What doctor would willingly accept a promissory note, illegibly written on the margin of a newspaper, on a scrap of brown wrapping paper, on the corner of a second-hand envelope, or on a dirty blue tobacco wrapper? and yet each of these, in medical hands, has played the important part of prescription-bearing. This condition of things is clearly chargeable to inadvertence on the part of the physician; his attention perhaps has never before been called to it, for paper is too cheap an article to suppose that he could be influenced by any economic view of its cost.

What surgeon having a limb to amputate would inadvertently leave the proper instruments at home, and resort to the use of a carving knife or other domestic tool? He certainly would take pains to provide himself with every facility for the occasion; and is it not equally incumbent on the physician to provide himself with all that is essential to intelligible prescription-writing. On the principle that "like generates like," indifference to writing-paper begets a like indifference to writing; and hence, prescriptions often degenerate into mere arbitrary ciphers, a series of crotchets and quavers, that leave to the imagination of the apothecary an open scale from aq. font. to aq. fort. The quirks and squirms intended to characterize drachms are embellished into ounces, and those intended for ounces are curtailed to drachms. To accommodate the prescription to the paper at hand, abbreviations are contracted until t. s. t. d. may either represent "a teaspoonful thrice a day," "a teaspoonful twice a day," or any other change upon the initials that the fancy of the apothecary may suggest.

In fact, the writer has received prescriptions so confusedly crowded on a shapeless bit of paper, as to have suggested even to the mind of the physician writing them, the necessity for a verbal explanation through the patient to the apothecary, of what he (the physician) had written, and in other cases, what he had omitted to write for want of room. These methods are so incompatible with common sense as to increase rather than diminish the perplexity attending them.

From another noticeable fact, borne out by long observation, that the prescriptions of properly educated young physicians are not, as a rule, open to these objections, we may clearly infer that they do not exist from any defective education, but are acquired with increasing years and practice, and perhaps through overweening confidence in the guessing qualities of the apothecary.

I may be charged with attempting to make a bolus out of a granule, and it may be inquired to what percentage of the medical practitioners do these strictures apply? I answer, to those who may feel their personal force; the percentage is not material. If there be but one, and he either cannot or will not avoid these evils in prescribing, I would respectfully advise him, for the sake of suffering humanity, not to intrust his patient to the chances of his written prescriptions. Better return to the saddle-bag practice, and the primitive rule of linear measurement in apportioning his doses, by administering powders per inch from the blade of a jack-knife, and fluids per finger from any convenient vessel, or to the more solid cubic measurement of pinches for potencies, and handfuls for simples, thereby avoiding any division of responsibility. Such advice, coming from a thirty years' experience in pharmacy, I think proves conclusively that its practice tends to foster an unselfish conviction of duty, with a strong desire to perform its requirements. Before severing this, my novel connexion with the profession, let me ask the doctor who accompanies his prescription for ten grains of calomel with the verbal request that the quantity be increased to full ten and a half grains bordering on eleven, what he contemplates when he directs tea and tablespoonful and wineglassful doses, as it may be said there are no two sets of the same capacity. If he views the terms synonymous with drachm and its multiples, I will take the occasion to remark that apothecaries have glasses accurately graduated with these synopses for domestic use, but their utility requires the doctor's endorsement, before they can be generally introduced, as no lady can otherwise see it. This is but another phase of inadvertence; and as I possess neither the stoicism of a Diogenes nor the philosophy of a Paley, policy advises me to retire to the unpretending duties of the

APOTHECARY.

DEATH OF AN ARMY SURGEON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

On Wednesday, Sept. 17th, near Sharpsburg, Doctor WILLIAM J. H. WHITE, in the 36th year of his age.

Dr. White was a native and resident of this city, and entered the U. S. Army about fifteen years ago, after completing his studies at Washington. He was soon after ordered to the far west, where for years he was unceasingly employed in the arduous duties of his profession on the frontier. At the time of his death he was the Medical Director of Maj.-Gen. Franklin's Corps, and was killed in the early part of the great battle fought in the vicinity of Sharpsburg. We think we can truly say that no officer in the Medical Staff was more respected and beloved by his associates than was Dr. White, and none was more conscientious and constant in the performance of all the responsible duties incident to his profession. Dr. White's manners and disposition were so modest and unobtrusive that his sterling qualities could not be appreciated except by those who knew him well. He possessed the most delicate sense of honor, and most thoroughly fulfilled through life his duty as a son, as a brother, as an officer, and as a man. His aged parents, whose only support he was for years, still survive to mourn his early death.— *Washington Intelligencer.*

During the summer and autumn of 1861, Surgeon White was in charge of the Infirmary Hospital in Washington city, and after the destruction of that building by fire in Nov. last, he was transferred to the General Hospital "Eckington," situated a mile north of the Capitol. He officiated on the "Medical Examining Board" in session in Washington, for the examination of Assistant Surgeons and Brigade Surgeons, until July last, when he was ordered to the field in Gen. McClellan's army, then on the Peninsula.

The funeral services, which were of a most impressive character, took place in Ryland Chapel, Washington, on Sunday the 21st ultimo, and were attended by the Surgeon General of the Army, the Medical Purveyor of the Military District, and by a large concourse of other officers together with citizens. Two companies of a Penna. Regt. acted as an escort to the cortège, and fired a volley over his grave.

L. H. B.

IS ELECTRO-MAGNETISM AN ANÆSTHETIC?

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In a previous number of the *American Med. Times* you notice a new inhaler, by means of which parturition can be made painless. I have also read an article in an English periodical which, while reviewing the means heretofore employed for the purpose, all of which it stated to have been ineffectual, ascribes great virtues to some favorite prescription, which the writer of that article always employs, and which he asserts is the only remedy adapted for the purpose. This is erroneous.

I have for two years past, whenever opportunity offered, employed electro-magnetism as an anæsthetic, and in many surgical operations, but particularly in parturition, it has fully served my purpose. I may not be the first one to employ this agent for the purpose, yet I have never seen it

employed as an anæsthetic excepting in the extraction of teeth. This first attracted my attention and led me to making experiments.

The maker of the electro-magnetic machine which I have used, Amos Brown, claims, and my experience proves, that none but a direct current, viz. a current having a specific polar action, running only in one way, will act as an anæsthetic. It would seem that the positive pole of the direct current being in the patient's hand the current passes up the arm to the nervous centre, and from thence along the nerve nearest to the place where the negative pole of the current is applied, and thus returns to the battery. It is also claimed that it passes along both the nerves of motion and those of sensation, and while so doing that it neutralizes the sensation of pain which may exist in the nerve through which it passes.

Let this be as it may, I have found that by connecting a bistoury with the negative pole of the direct current of an electro-magnetic machine, and placing the positive pole into the patient's hand, or attached to the foot, the handle of the bistoury being insulated, I can cut around the most sensitive parts, no other sensation than that produced by the current, which patients describe as "a pricking like needles and pins," is felt.

In the same way the negative pole being applied at and around the sacrum in order to reach the ganglions supplying the uterus, and the positive pole being held in the patient's hand, the pain of parturition is to a very great extent neutralized. Patients express themselves pleased with the sensation substituted, and all perceive and acknowledge that electro-magnetism, thus applied, is at least a relief from the usual pain, if not a complete anæsthetic. With slight modifications in the manner of application we all know it will assist contractions, and by reflex action produce relaxation of the os.

Would it then not be worth the time and attention of the profession to give electro-magnetism a fair test in this regard? It has done duty as chloroform and ergot for me. Is it not safer and less unpleasant?

Resp'y,
H. Lassing, M.D.

No. 238 9th Ave., N. Y., Sept. 22, 1862.

LOGWOOD AS A DEODORIZING AGENT.

[To the Editor of the American Medical Times.]

Sir:—I wish through the Medical Times to call the attention of the profession to Logwood (Hematoxylon Campechianum) as a valuable deodorizing agent.

A knowledge of its value seems to be more particularly desirable at this time when so many of our soldiers are suffering from sloughing and gunshot wounds. A simple aqueous solution of extract of logwood applied to such wounds will effectually do away with all offensive odor arising therefrom. In cancerous ulcerations it is equally valuable; and in cancerous disease of the uterus, that most horrible of all diseases of women, it may be used in the form of injections with complete success in removing the terrible odor which always accompanies such disease.

Yours, &c.,
H. G. Westlake, M.D.

Hillsdale, N. Y., Oct. 6th, 1862.

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS AND ASSISTANT SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE MAY 31, 1862, AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

June 2.—Ephraim W. Buck, Assist. Surgeon 9th Regt., vice John P. S. White, promoted to Surgeon 10th Regt. June 13.—John M. Forshee, Surgeon 66th Regt., vice Wm. J. McDermott, resigned, promoted from Assist. Surgeon 11th Regt. June 14.—Charles N. Hewett, promoted from Assist. Surgeon 50th Regt., to Surgeon same Regt., vice H. A. Potter, resigned; George W. Lovejoy, promoted from Assist. Surgeon 4th Regt., to Surgeon same Regt., vice D. W. Wainwright, promoted; Abraham Welch, Assist. Surgeon 4th Regt., vice Geo. W. Lovejoy, promoted. June 23.—Michael Hillary, Assist. Surgeon 50th Regt., vice Charles N. Hewett, promoted. June 25.—Buel G. Streeter, Assist. Surgeon 9th Cavalry, vice Geo. H. Bennett, resigned. June 27.—Adelrich Steinach, Assist. Surgeon 103d Regt., vice John B. Kruceter, resigned. June 30.—Pitkin B. Rice, Surgeon 2nd Regt. "Spinola Brigade" (new Regt.).

July 2.—William H. Tanner, promoted from Assist. Surgeon 47th Regt., to Surgeon same Regt., vice Morris W. Townsend, resigned; David M. Brown, Assist. Surgeon 47th Regt., vice Wm. H. Tanner, promoted. July 3.—Franklin B. Hough, Surgeon 97th Regt., vice L. J. Marvin, resigned. July 9.—Myron J. Davis, Assist. Surgeon 1st Artillery, vice Edward McDowell, promoted to Brigade Surgeon. July 14.—Lucius P. Woods, promoted from Assist. Surgeon 5th Cavalry, to Surgeon same Regt., vice John E. Cooper, resigned; William H. D. Parsons, Assist. Surgeon 5th Cavalry, vice L. P. Woods, promoted. July 16.—William H. Rulison, promoted from Assist. Surgeon 15th Regt., to Surgeon 9th Cavalry, vice John Spencer, resigned; T. B. Gibbs, Assist. Surgeon 15th Regt., vice Wm. H. Rulison, promoted. July 15.—William Rockwell, Surgeon "Stanton Legion" (new Reg.); Fletcher M. Hammond, Surgeon 26th Dist. Regt. (new Regt.). July 17.—H. Ayme, Assist. Surgeon Col. Pelsner's Regt., New York City (new Regt.). July 19.—Patrick H. Flood, Surgeon 16th Dist. Regt. (new Regt.); James O. Van Hoevenberg, Surgeon 10th Dist. Regt. (new Regt.); Hiram H. Ingerson, Assist. Surgeon 15th Dist. Regt. (new Regt.). July 21.—James M. Leet, Surgeon 29th Dist. Regt. (new Regt.). July 22.—George R. Cutler, Surgeon Col. Gurney's Regt., New York City (new Regt.); Julius C. Rappold, promoted from Assist. Surgeon 52d Regt., to Surgeon same Regt., vice Geo. C. Stieleburg, resigned; P. Jos. Reuss, Assist. Surgeon 52d Regt., vice Julius C. Rappold, promoted. July 23.—James E. Pomfret, Surgeon 13th Dist. Regt (new Regt.); S. P. Valentine, Assist. Surgeon 20th Dist. Regt. (new Regt.); Morris J. Franklin, Surgeon 4th Cavalry, promoted from Assist. Surgeon same Regt., vice Adolph Maser, resigned; Martin Braun, Assist. Surgeon 4th Cavalry, vice Morris J. Franklin, promoted. July 24.—Nathan R. Tefft, Surgeon 22d Dist. Regt. (new Regt.). July 25.—Geo. De Landre, Assist. Surgeon 1st Emp. Brigade (new Regt.); William Vosburgh, Surgeon 25th Dist. Regt. (new Regt.). July 26.—William S. Cooper, Surgeon Rensselaer Co. Regt. (new Regt.). July 28.—Nelson Fanning, Surgeon 14th Dist. Regt. (new Regt.). July 26.—John H. Thompson, Surgeon 9th Dist. Regt. (new Regt.). July 28.—Benj. T. Kneeland, Surgeon 38th Dist. Regt. (new Regt.). July 29.—Palust De Marmon, Surgeon 3d Regt., Emp. Brigade (new Regt.); Allen C. Livingston, Surgeon 21st Dist. Regt. (new Regt.); Edward Loomis, Surgeon 19th Dist. Regt. (new Regt.); Levi P. Wagner, Surgeon 23d Dist Regt. (new Regt.). July 30.—George W. Metcalfe, Assist. Surgeon 76th Regt., promoted to Surgeon same Regt., vice Judson C. Nelson, resigned; William H. Lakeman, Assist. Surgeon 76th Regt., vice G. W. Metcalfe, promoted; Augustus Leverin, Assist. Surgeon 3d Batt. Artillery, vice Geo. Wieber, resigned; Charles E. Washburne, Surgeon 32d Dist. Regt. (new Regt.); Allen S. Heath, Surgeon 3d Dist. Regt. (new Regt.). July 31.—Samuel R Elliott, Assist. Surgeon 63d Regt., vice Aug. D. Ruggles, resigned.

Aug. 1.—Benj. F. Harrison, Surgeon "Independent Battalion;" Chauncey R. Hutchins, Surgeon 31st Dist. Reg. (new Reg.). Aug. 5.—John F. Whitlock Surgeon 28th Dist. Regt. (new Regt.); Fr. Alderbasch, Assist. Surgeon 7th Regt. Aug. 6.—William R. Trowbridge, Surgeon 18th Dist. Regt. (new Regt.). Aug. 7.—James D. Benton, Assist. Surgeon 25th Dist. Regt (new Regt.); Orsamus Smith, Assist. Surgeon 10th Regt.; James D. Hewett, Assist. Surgeon 27th Dist. Regt. (new Regt.); Lysander W. Kennedy, Assist. Surgeon Washington Co. Regt. (new Regt.); Charles C. Murphy, Assist. Surgeon 16th Regt., vice John H. Movers, promoted; David McFalls, Assist. Surgeon 106th Regt. (new Regt.); William A. Madill, promoted from Assist. Surgeon 23d Regt., to Surgeon of the same, vice Churchill, resigned. Aug. 8.—Bradford S. Manly, Assist. Surgeon 34th Regt.; Jared G. Wood, Surgeon 8th Dist. Regt. (new Regt.). Aug. 9.—Sandford B. Hunt, Surgeon 24th Dist. Regt. (new Regt.); A. C. Benedict, Assist. Surgeon 1st Regt.; George C. Douglas, Assist. Surgeon 4th Regt.; John Fisher, Assist Surgeon 6th Regt.; George Steinert, Assist. Surgeon 29th Regt.; Emil Steiger, Assist. Surgeon 39th Regt.; Henry E. Crampton, Assist. Surgeon 93d Regt.; Peter E. Sickler, Assist. Surgeon 48th Regt.; Francis S. Grimes, Assist. Surgeon 5th Regt.; William L. Harding, Assist. Surgeon 9th Regt.; William E. Johnson, Assist. Surgeon 24th Dist. Regt. (new Regt.). Aug. 4.—Palmer C. Cole, Surgeon 11th Dist. Regt. (new Regt.). Aug. 11.—David G. Himrod, Assist. Surgeon 27th Dist. Regt. (new Regt.); Pierre D. Pettier, Assist. Surgeon 26th Dist. Regt. (new Regt.); Charles S. Hoyt, Assist. Surgeon 26th Dist. Regt. (new Regt.); Seth H. French, Assist. Surgeon 24th Dist. Regt. (new Regt.); Calvin Skinner, Surgeon 106th Regt. (new Regt.); Isaac V. Mullen, Assist. Surgeon 13th Regt.; Charles J. Kipp, Assist. Surgeon 29th Regt.; Philip W. Shufelt, Assist. Surgeon 14th Regt.; Charles A. Burbeck, Assist Surgeon 60th Regt.; Justin G. Thompson, Assist. Surgeon 9th Cavalry; Frank J. Mattimare, Assist. Surgeon, 18th Regt. Aug. 12.—Charles F. B. Ebner, Surgeon 103d Regt., vice T. Lewis Hedler, resigned; A. H. Cochrane, Assist. Surgeon 15th Regt; Benjamin S. Catlin, Assist. Surgeon 2d Regt.; George W. Earll, Assist. Surgeon 81st Regt.; Lyman W. Bliss, Assist. Surgeon 10th Cavalry; J. Newton Goff, Assist. Surgeon 17th Regt.; John M. Palmer, Assist. Surgeon 85th Regt.; Charles B. Fry, Assist. Surgeon 21st Regt. Aug. 13.—Edward Boyd, Assist. Surgeon 32d Dist. Regt. (new Regt.); William S. Ely, Assist. Surgeon 28th Dist. Regt. (new Regt.); Samuel Ingraham, Assist. Surgeon 19th Dist. Regt. (new Regt.); David Pardee, Assist. Surgeon 1st Artillery; William Root, Assist. Surgeon 75th Regt.; Horace T. Hanks, Assist. Surgeon 30th Regt. Aug. 14.—Horatio S. Hendee, Assist Surgeon 18th Dist. Regt. (new Regt.); Wesley Blaisdell, Assist. Surgeon 18th Dist. Regt. (new Regt.); Henry G. Beardsley, Assist. Surgeon 23d Dist. Regt. (new Regt.); William H. Stuart, Assist Surgeon 27th Regt.; George C. Bennett, Surgeon Col. Dodge's Regt., Mounted Rifles; John O. Slocum, Assist. Surgeon 22d Dist. Regt. (new Regt.). Aug. 15.—Henry C. Hendricks, Surgeon 2d Regt., 23d Dist. (new Regt.); John H. Movers, Surgeon 16th Dist. Regt. (new Regt.); Max Tissot, Assist. Surgeon 8th Regt.; Nelson Rounds Barnes, Assist Surgeon 76th Regt.; Warren A. Talimadge, Assist. Surgeon 25th Regt.; James H. Scoon, Assist. Surgeon 32d Regt.; Richard Curran, Assist. Surgeon 33d Regt. Aug. 16.—John D. Hall, Assist. Surgeon 24th Regt. Aug. 18.—Leonard M. Johnson, Assist. Surgeon 3d Regt.; Charles H. Richmond, Assist. Surgeon 104th Regt.; Ichabod H. Searl, Assist. Surgeon 26th Regt.; Thomas Cushing, Assist. Surgeon 28th Regt.; Joseph D. Stewart, Assist. Surgeon 31st Regt.; Frank D. Beebe, Assist. Surgeon 2d Regt., 23d Dist. (new Regt.); William F. Hutchinson, pro-

moted from Assist. Surgeon 22d Regt., to Surgeon of the same, vice Atherly, deceased; Austin W. Holden, Assist. Surgeon 22d Regt., vice William F. Hutchinson, promoted. Aug. 19.—J. Harry Thompson, Surgeon Col. Conk's Regt. (new Regt.); Bleeker S. Hovey, Surgeon 2d Regt., 30th Dist. (new Regt.); Cornelius H. Murphy, Surgeon 1st Regt. Empire Brigade. Aug. 20.—D. Stewart Hopkins, Assist. Surgeon 25th Dist. Regt. (new Regt.); Daniel P. Van Vleck, Assist. Surgeon 11th Dist. Regt. (new Regt.); James Hadden, Assist. Surgeon 95th Regt.; Wm. H. Cruikshanks, Assist. Surgeon 92d Regt.; Oliver S. Copeland, Assist. Surgeon 18th Dist. Regt. (new Regt.); Richard E. Sutton, Surgeon 15th Dist. Regt., (new Regt.); William P. Buel, Surgeon 1st Regt., Metropolitan Guard (new Regt.); Henry Van Aernam, Surgeon 2d Regt., 32d Dist. (new Regt.); Samuel Peters, Assist. Surgeon 15th Dist. Regt. (new Regt.); Charles H. Porter, Assist. Surgeon 40th Regt., vice Charles E. Halsey, deceased. Aug. 19.—Obadiah Rogers, Assist. Surgeon 40th Regt.; Washington Aiken, Assist. Surgeon 12th Dist. Regt. (new Regt.); Henry H. Beecher, Assist. Surgeon 1st Regt., 23d Dist. (new Regt.); J. Mortimer Crane, Assist. Surgeon 2d Regt. 23d Dist. (new Regt.); Horatio E. Gates, Assist. Surgeon 80th Regt.; Albert L. Turner, Assist. Surgeon 56th Regt.; Henry W. Carpenter, Assist. Surgeon 117th Regt., 19th Dist. (new Regt.); Clarence Ewen, Assist. Surgeon 53d Regt.; Edwin A. Knapp, Assist. Surgeon 22d Dist. Regt. (new). Aug. 21.—William M. Bryce, Assist. Surgeon Delaware Co. Regt. (new); Henry Collier, Assist. Surgeon 120th Regt., 10th Dist.; John S. Freeman, Assist. Surgeon 5th Regt., vice Owen Munson, resigned; Hartwell C. Tompkins, promoted from Assist. Surgeon 61st Regt. to Surgeon of the same, vice Samuel R. Welles, resigned; John N. Lyman, Assist. Surgeon 61st Regt., vice Tompkins, promoted; James B. Carpenter, Assist. Surgeon 35th Regt.; Edmund G. Derby, Assist. Surgeon 94th Regt.; Griffin Reno, Assist. Surgeon 66th Regt. Aug. 22d.—Joseph W. Robinson, Surgeon 2d Regt., 27th Dist. (new Regt.); Thomas Avner, Assist. Surgeon 108th Regt., 28th Dist. (new Regt.); Theodore F. Hall, Surgeon 2d Regt., 28th Dist. (new Regt.); James V. Kendall, Surgeon 2d Regt., 22d Dist. (new Regt.); Henry M. Edsall, Surgeon Sullivan Co. Regt. (new); C. H. Andrews, Assist. Surgeon 11th Dist. Regt. (new); George V. Skiff, Assist. Surgeon 4th Artillery; O. Sprague Paine, Assist. Surgeon 2d Regt., 25th Dist. (new Regt.) Aug. 23d.—Andrew J. Willets, Surgeon 53d Regt.; John Hurley, Assist Surgeon 53d Regt.; Norman L. Snow, Assist. Surgeon 2d Regt., 15th Dist. (new Regt.); William Bassett, Surgeon 20th Dist. Regt. (new); James G. Porteous, Assist. Surgeon 118th Regt., 16th Dist. (new Regt.); Thomas M. Flandrew, Surgeon 2d Regt., 19th Dist. (new Regt.); Elnathan W. Simmons, Surgeon 2d Regt., 26th Dist. (new Regt.); Matthew F. Reagan, Surgeon Buffalo Irish Regt. (new). Aug. 22d.—John Jenkins, Assist. Surgeon 49th Regt.; Solomon F. McFarland, Surgeon 83d Regt.; James Allen, Assist. Surgeon 89th Regt.; James W. Black, Assist. Surgeon 43d Regt.; Cornelius Sattler, Assist. Surgeon 41st Regt. Aug. 25.—Nelson Neely, Assist. Surgeon 57th Regt.; William S. Young, Assist. Surgeon 47th Regt.; John Wm. Hauk, Assist. Surgeon 46th Regt.; A. Clark Baum, Assist. Surgeon 50th Regt.; David McFalls, Surgeon 2d Regt., 17th Dist. (new Regt.); Frederick H. Petit, Assist. Surgeon 106th Regt., 17th Dist. (new Regt.). 26th.—George C. Smith, Assist. Surgeon 2d Regt., 10th Dist. (new Regt.); Edward Rowland, Asst. Surgeon 127th Regt.; Charles F. Kelsey, Assist. Surgeon 64th Regt. 27th.—Daniel M. Holt, Assist. Surgeon 121st Regt., 20th Dist. (new Regt.); Samuel Ensign, Assist. Surgeon 99th Regt. 28th.—Byron De Witt, Assist. Surgeon 2d Regt., 25th Dist.; Oliver T. Bundy, Jr., Assist. Surgeon Delaware Co. Regt. (new); Robert Watts, Jr., Surgeon Metropolitan Guard (new Regt); Hermon A. Boland, Assist. Surgeon 2d Regt., 17th Dist. (new Regt.); John R. Cotes, Assist. Surgeon 2d Regt., 29th Dist. (new Regt.). 29th.—Agemon S. Coe, Surgeon — Regt., 21st Dist. (new Regt.); Cornelius N. Campbell, Surgeon Dutchess Co. Regt. (new); Frank W. Doolittle, promoted from Assist. Surgeon 10th Regt. to Surgeon of the 5th. vice Henry C. May, resigned; Uri C. Lynde, Assist. Surgeon 116th Regt., 31st Dist. (new Regt.); Silas A. Ingham, Assist. Surgeon 2d Regt., 24th Dist. (new Regt.); John C. Wall, Assist. Surgeon Buffalo Irish Regt. (new); Henry H. Carpenter, Assist Surgeon 106th Regt., 17th Dist. (new Regt.); William H. Hong, Assist. Surgeon 14th Dist. Regt. (new); George D. Bassett, Assist. Surgeon 67th Regt.; Oliver S. Greenman, Assist. Surgeon 2d Regt., 27th Dist., (new Regt.) 30th.—Charles J. Pardee, Assist. Surgeon 16th Regt.; J. R. Mansfield, Assist. Surgeon 182d Regt., 2d Empire (new Regt.); James L. Watson, Assist. Surgeon Col. Conk's Brooklyn Regt. (new); William C. Slayton, Assist. Surgeon 2d Regt., 28th Dist. (new Regt.); Dwight W. Day, Assist. Surgeon 2d Regt., 32d, Dist. (new Regt.); James Sanders, Jr., Assist. Surgeon 130th Regt., 30th Dist., (new Regt.); Charles A. Robertson, Surgeon 3d Brooklyn Regt. (new).

QUARANTINE REGULATIONS AT PORT ROYAL, S. C.

HEAD QUARTERS, DEP'T OF THE SOUTH.
HILTON HEAD, S. C., August 19, 1862.

GENERAL ORDERS, No. 128.

THE following Quarantine Regulations for the port of Port Royal, S. C., are hereby established:—

1. Hereafter the Quarantine Grounds will be in St. Helena Sound, at the place designated by a white buoy and flag.

2. It shall be the duty of the Master and Pilot of every vessel coming into this port, from this date, until further orders (excepting pilot boats returning from their ordinary "cruising grounds"), to hoist a signal for the "Health Officer," and to anchor off the inner buoy, there to remain until visited by him.

3. It shall be the duty of the "Health Officer," without unnecessary delay, to visit every vessel made liable to visitation, and ascertain her sanitary condition, and the port from which she sailed; and every vessel having on board any case of yellow fever, small-pox, cholera, or other infectious or contagious disease,—and also every vessel coming from Key West, Havana, or any other port where yellow fever may exist, he shall order to the Quarantine Ground, there to remain as long as he may deem proper.

4. No person shall be allowed to leave the vessel until she has been examined by the "Health Officer," nor will any communication be had with the vessel until she has been so examined.

5. These regulations will be strictly enforced by the "Health Officer." Should there be any deviation therefrom, or should any of the orders given by the Health Officer to such vessels not be strictly carried out, he will report the fact immediately to the Medical Director of this department.

7. Surgeon CRISPELL, U. S. V., is appointed "Health Officer" of this port.

8. Any violation of the above regulations will cause the immediate arrest and imprisonment of the offenders.

By command of
MAJOR-GENERAL HUNTER.

MEDICAL INSPECTORS.—The Medical Inspector-General is stationed at Washington, and, under the Surgeon-General, is charged with the supervision of the sanitary condition of hospitals, camps, garrisons, &c.

The United States is divided into eight districts, to each of which a Medical Inspector is assigned, as follows:—

First District.—All troops and hospitals in Arkansas, Missouri, Iowa, Minnesota, Kansas, and all territories between Rocky Mountains and Mississippi River. Medical Inspector, C. C. KEENEY.

Second District.—Wisconsin, Michigan, Ohio, Indiana, Western Virginia, and Kentucky east of Cumberland River. Medical Inspector, GEO. H. LYMAN.

Third District.—Alabama, Mississippi, Tennessee, Illinois, and Kentucky west of Cumberland River. Medical Inspector, GEORGE T. ALLEN.

Fourth District.—Third, Twelfth, and Seventh Army Corps, and Eastern Virginia, excepting Accomac and Northampton Counties. Medical Inspector, G. H. MUSSEY.

Fifth District.—First, Second, and Fifth Army Corps. Medical Inspector, E. P. VOLLUM.

Sixth District.—Eighth Army Corps, New York, Massachusetts, and Middle Department. Medical Inspector, R. H. COOLIDGE.

Seventh District.—Fourth, Sixth, and Ninth Army Corps. Medical Inspector, LEWIS HUMPHREYS.

Eighth District.—Eleventh Army Corps, Maryland, except Middle Department. Medical Inspector, JOHN M. CUYLER.

CHANGES.—Surgeon JOHN C. DALTON, Jr., U. S. Vols., who has been sick for some time past at Boston, Mass., has been detailed for duty as Medical Director of Transportation at New York city.

Assist. Surgeon A. MAJER, U. S. Vols., has been assigned to temporary duty in Washington.

Surgeon A. T. WATSON, U. S. Vols., is on duty as Med. Director, 2nd Division 9th Army Corps.

Assist.-Surgeon W. A. BRADLEY, U. S. Army, has been performing the duties of Medical Director of Franklin's Corps since the death of Surgeon White, killed at the battle of Antietam.

Dr. THOMAS HAMILTON has been placed on temporary duty in Washington, D.C.

Surgeon R. H. ALEXANDER, U.S.A., lately Medical Purveyor to the Army of the Potomac, has relieved Assistant Surgeon J. J. WOODWARD, U. S. Army, in charge of the Patent Office Hospital at Washington, D.C. The latter has resumed his duties in the Surgeon-General's Office of collecting material for a Medical History of the War.

Surgeon J. G. F. HOLSTON, U. S. Vols., has been relieved in the duty of Medical Director of Gen. Grant's command, by Surgeon HORACE R. WIRTZ, U. S. Army.

Surgeon T. H. BACHE, U.S.A., who accompanied General

Williams from Hatteras to the Dept. of the Gulf, has been assigned to duty as Acting Medical Inspector, 6th District.

Surgeon WILLIAM VARIAN, U. S. Vols, has been directed to superintend the preparation of Hospital accommodations at New Albany, Ind.

Dr. S. R. SKILLERN, lately employed at the Emory Hospital, Washington, has been assigned to duty at Philadelphia, Pa.

Medical Storekeeper HENNELL STEVENS has arrived at Cairo, Ill., and entered on his duties.

Medical Cadet JOHN SULLIVAN, Jr., U.S.A., has been appointed Assist.-Surgeon, New-Hampshire Vols.

Assist.-Surgeon M. J. ASCH, U. S. Army, arrived in Philadelphia on the 1st inst. to assume the duty of member of the Army Medical Board for the examination of candidates for appointment as Assist.-Surgeons in the Medical Staff of the U. S. Army.

Assist.-Surgeon J. V. D. MIDDLETON is on duty with the Artillery Batteries of the 9th Corps.

Surgeon A. K. SMITH, U. S. Army, has returned to Philadelphia from Hagerstown, Md., where he was on duty in connexion with the removal of the wounded in the late battles in Maryland. He resumes his duty as Medical Director of Transportation and Inspector of Hospitals, and is also member of the Army Medical Board for the examination of candidates for the appointment of Assist.-Surgeon in the Medical Staff of the U. S. Army.

Assist-Surgeon E. C. STRODE, U. S. Army, has been assigned to duty at the General Hospital, Jackson, Tenn.

Assist. Surg.-General R. C. WOOD was at Louisville, Ky., on the 1st inst. on a tour of inspection in Ohio and Kentucky.

Assist. Surgeons J. H. BILL and C. M. COLTON, U.S.A., have been assigned to duty in the Church Hospitals at Frederick, Md.

Assist. Surgeon H. M. SPRAGUE, U.S A., has been detailed for duty in the office of the Assist. Surgeon-General at St. Louis, Mo.

Assist. Surgeon J. R. GIBSON, U.S.A., is on leave of absence at Germantown, Pa.

Assist. Surgeon ISAAC V. MULLEN, 13th N.Y. Volunteers, lately on duty at Convalescent Camp near Alexandria, Va., has been directed to rejoin his regiment at Fort Corcoran.

Surgeon S. D. FREEMAN, of Kane's Rifles, has been placed on temporary duty at Washington, D.C.

During the absence of Surgeon SIMPSON on leave, the duties of the Medical Director at Baltimore will be performed by Surg. C. W. JONES, U. S. Vols.

Hospital Steward CRANDALL, of the 6th Vermont Vols., has been commissioned as Assist. Surgeon of the 13th Vermont Volunteers.

Hospital Steward ARNOLD STUB, U. S. Army, has been commissioned as Assist. Surgeon of the 90th N. Y. Vols.

Surgeon T. G. CATLIN, U. S. Vols., has been placed in charge of General Hospital No. 5, at Beaufort, S. C.

Surgeon J. D. ROBINSON, U. S. Vols., has been assigned to duty with the Artillery of Slocum's Division.

Surgeon T. M. GETTY, U.S.A., recently in charge of General Hospital, Annapolis, Md., has arrived at Yorktown, Va., and assumed the duties of Medical Director of General Keyes' Corps (5th).

Asst. Surgeon J. H. BAILEY, U.S.A., has arrived at Camp Chase, Ohio, and entered on his duties.

Surgeon PETER PINEO has been assigned to duty as Medical Director 1st Army Corps.

Surgeon FRANK H. HAMILTON, U.S. Vols., recently Medical Director of the Army Corps under General Keyes, has been detailed to take charge of the Central Park Hospital, in New York.

Med. Storekeeper, H. N. RITTENHOUSE, has been ordered to report to the Medical Purveyor at Frederick for duty.

Surgeon JOHN FRIZZELL, 12th Va. Volunteers, having tendered his resignation, has been discharged from the service.

Asst. Surgeon MAXIMILIAN HELLER, 27th Penna. Vols., has been discharged from the service to enable him to accept a commission as Surgeon of the 161st Penna. Vols.

MISCELLANEOUS.—Surgeon-General HAMMOND returned to Washington, and resumed his office duties on the 6th. During his absence, Surgeon JOSEPH R. SMITH, U.S. Army, Acting Surgeon-General, performed his duties.

The Hospital at the City Hall Court Room in Washington has been vacated.

The Hospital at Chestnut Hill, two miles above Philadelphia, near the falls of the Schuylkill, will soon be ready for patients. It will be under the charge of Dr. JOSEPH HOPKINSON, and when completed, will be the largest in the world, accommodating three thousand patients.

In the Army of the South-West, there are now thirty Surgeons absent from their regiments, sixteen of whom are on Staff duty. The evil resulting from the absence of regimental medical officers is a serious one, and often the cause is by no means a good one. There are instances known of gentlemen getting appointed on the Staff of General Officers, with the honorary title of Medical Director, without any duty to do, or law or regulation to justify the detachment of the Surgeon from his regiment.

The hospital accommodations at Baltimore and Philadelphia have been directed to be increased 2000 beds each.

A Medical Officer has been detailed to visit Wilmington, Delaware, to select a suitable building and prepare a hospital in that city.

The movement of the troops under General Grant rendered it necessary to bring all the sick of his army to Corinth, Miss. They numbered two thousand (previous to the battle there), and were distributed in the various hospitals. The wounded at Iuka had also been brought in and were well cared for. They numbered four hundred and one.

On the retreat of the Union troops from the District of the Kanawha, the General Hospital at Gauley was abandoned and the buildings burned. The General Hospital at Charleston, Va., was also abandoned, the sick being removed to Gallipolis, O.

The Medical Purveyor at Cincinnati, Ohio, has been directed to furnish medical supplies on requisition to the new regiments forming in Western Virginia.

There are still three thousand wounded at Frederick, Va.

The bonds required of Medical Purveyors have been reduced to the amount required of Quartermasters—($20,000).

Drs. H. A. BUCK, JOHN O. BRONSON, A. MCMAHON, and JAMES PHILIPS, have declined the appointment of Asst. Surgeon in the U.S. Vols.

Surgeon JONATHAN LETTERMAN, U.S. Army Medical Director, Army of the Potomac, arrived in Washington, and had an interview with the Surgeon-General on the 11th inst.

SURGEONS FOR THE EXAMINATION OF CONSCRIPTS IN THE STATE OF NEW YORK.—The following-named persons have been appointed Surgeons for the several counties, viz.: Albany, John V. P. Quackenbush and Sylvester D. Willard; Allegany, C. Milford Crandall; Broome, J. G. Orton; Cattaraugus, E. S. Stewart; Cayuga, Edward Hall; Chautauque, Thomas D. Strong; Chemung, Erastus L. Hart; Chenango, Augustus Willard; Clinton, Wm. N. Colt; Columbia, William H. Fitcher; Cortland, George W. Bradford; Delaware, Horatio N. Buckley; Dutchess, Edward H. Parker; Erie, Jno. S. Trowbridge and James E. King; Essex, Henry O. Tallmage; Franklin, Theodore Gay; Fulton and Hamilton, Wm. H. Johnson; Genesee, Norris G. Clark; Greene, E. L. Ingersoll; Herkimer, Andrew F. Doolittle; Jefferson, Wm. R. Trowbridge; Kings, Jos. C. Hutchinson, Theo. L. Mason, James M. Minor, Daniel Ayres, T. M. Ingraham, Jno. Byrne, O. H. Smith, George Cochran, Jno. Ordronaux, DeWitt C. Enos, Daniel E. Kissam, Cornelius Olcott, C. R. McLellan, C. L. Mitchell, J. A. Brady; Lewis, S. P. Uhlein; Livingston, Daniel H. Bissell; Madison, Ira Spencer; Monroe, Azel Backus; Montgomery, Jeremiah Snell; New York, Gurdon Buck, William Detmold, James R. Wood, Robert Watts, Stephen Smith, Thomas M. Markoe, C. R. Agnew, Charles D. Smith, Austin Flint, George F. Woodward, E. R. Peaslee, S. Conant Foster, Wm. H. Thompson, Ernest Krackowizer, John Gallaher, Elery Denison, Samuel S. Purple, P. B. Mauran, Peter Van Buren, B. I. Raphael, Robert A. Barry, Sigismund Waterman; Niagara, Peter P. Murphy; Oneida, J. D. Hopkins, Jr., and Luther Guiteau; Onondaga, William Taylor and H. D. Didama; Ontario, George Cook; Orange, Wm. P. Townsend; Oswego, A. Van Dyck; Orleans, Wm. McKennon; Otsego, Horace Lathrop; Putnam, Frederick D. Lente; Queens, —— Barker; Richmond, Wm. G. Eadie; Rensselaer, Thos. G. Brinsmade and Philander H. Thomas; Rockland, Moses C. Hasbrouck; St. Lawrence, G. F. Cole; Saratoga, Samuel Freeman; Schenectady, Livingston Ellwood; Schoharie, Lemuel Cross; Schuyler, —— Maning; Seneca, Alfred Bolter; Steuben, Stephen Hagadorn; Suffolk, Abraham G. Thompson; Sullivan, John D. Watkins; Tioga, Lucius H. Allen; Tompkins, Lyman W. Bliss; Ulster, John V. Holt; Warren, Hiram McNutt; Washington, George W. Little; Wayne, Allen W. Marsh; Westchester, George B. Upham; Wyoming, J. Meacham; Yates, Henry P. Sartwell.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 6th day of October to the 13th day of October, 1862.

Deaths.—Men, 99; women, 94; boys, 107; girls, 86; total, 386. Adults 193; children, 193; males, 206; females, 180; colored, 6. Infants under two years of age, 134. Children born of native parents, 16; foreign, 136.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 21; croup, 9; diphtheria, 3; scarlet fever, 9; typhus and typhoid fevers, 12; consumption, 77; small-pox, 3; measles, 1; dropsy of head, 9; infantile marasmus, 24; cholera infantum, 20; inflammation of brain, 7; of bowels, 12; of lungs, 12; bronchitis, 6; congestion of brain, 4; of lungs, 5; erysipelas, 4; diarrhœa and dysentery, 19. 185 deaths occurred from acute diseases, and 32 from violent causes. 230 were native, and 156 foreign; of whom 104 came from Ireland; 60 died in the City Charities; of whom 15 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Oct.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'tion, 1000
1862	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°			
5th.	30.07	.07	58	48	66	11	15	N.W.	0	440
6th.	30.17	.14	56	47	66	9	14	N.W. to S.	.04	530
7th.	29.97	.20	64	52	74	7	12	S.W.	.07	610
8th.	29.95	.05	73	62	84	7	9	S.W.	2	616
9th.	29.98	.10	71	58	81	7	11	S.W. to S.	.04	610
10th.	29.90	.10	66	58	71	3	5	N.E.	10	814
11th.	29.94	.16	54	48	61	4	8	NE to NW	8	748

REMARKS.—5th, Fine; wind A.M., fresh. 6th, Fresh wind A.M., variable P.M. 7th, Sultry; wind A.M., fresh. 8th and 9th, Fine days. 10th, Rain storm commenced at noon. 11th, Variable, rain early A.M. and noon. Rain for the week three-quarters of an inch.

SPECIAL NOTICES.

SECTION ON SURGERY.—*The Section on Surgery will hold its first regular meeting on Friday Evening next, at the house of the Chairman,* DR. J. R. WOOD, *No. 2 Irving Place. Subject for discussion, Tracheotomy in Croup.* PROF. FLINT *will open the discussion.*

COLLEGE OF PHYSICIANS AND SURGEONS.—*The Opening Exercises of this College will be held on Monday, Oct. 20th, in the College Lecture Room, corner 4th Avenue and 23d street.* PROF. J. M. SMITH *will deliver the Introductory Lecture.*

UNIVERSITY MEDICAL COLLEGE.—*The Introductory Lecture will be delivered on Monday Evening, Oct. 20, at 7½ o'clock, by* PROF. GUNNING S. BEDFORD.

Dr. Churchill's Hypophosphites.

PREVENTION AND CURE OF CONSUMPTION

A supply of these important medicines,

SYRUP OF HYPOPHOSPHITE OF SODA,
SYRUP OF HYPOPHOSPHITE OF LIME,
PILLS OF HYPOPHOSPHITE OF QUININE,
PILLS OF HYPOPHOSPHITE OF MANGANESE,

has arrived from Paris with directions for use. Persons suffering from chest affections can now procure the above preparations genuine, as used by Dr. Churchill from the following agents in America.

Messrs. Hegeman & Co., Broadway, New York, Mr. F. Brown, corner of Fifth and Chestnut Streets, Philadelphia; Messrs. T. Metcalfe & Co., Boston; Messrs. J. T. Brown & Sons, 425 Washington Street, Boston.

Wholesale orders to be addressed to H. H. SWANN, Pharmacien, 12 rue Castiglione, Paris.

New England Mutual Life Ins. Co.,

BOSTON AND NEW YORK, ORGANIZED 1843. **ASSETS, $2,350,000.** Documents showing the benefits of Life Insurance with the advantages of the Mutual plan, and the superior position and marked success of this Co., and explaining the different kinds of Policies with their methods of payment, may be obtained free of expense, upon application, either personally or by mail, to JOHN HOPPER, Agent and Attorney for the Co., Metropolitan Bank Building, 110 Broadway, New York. ☞ *Parties at a distance may insure from Blanks, which will be forwarded free of expense.*

New York Eye Infirmary,

2D AVENUE AND 18TH STREET.

LECTURES for the coming winter will begin on WEDNESDAY, OCTOBER 22d. The Course will be made a complete resumé of

OPHTHALMIC MEDICINE AND SURGERY.

Lectures will be held on

MONDAY, WEDNESDAY, AND FRIDAY,

BY DRS. C. R. AGNEW, AND HENRY D. NOYES.

The means of illustration by colored plates, optical apparatus, and morbid specimens, are ample.

The surgeons have concluded to issue a diploma to those who attend the Lectures and can pass a satisfactory examination.

Fee for Lectures, ...	$10.00
Diploma Fee, ...	5.00

DEMONSTRATIONS OF THE

INTERNAL DISEASES OF THE EYE,

WITH THE OPHTHALMOSCOPE,

will be made during the Lectures, while a more complete acquaintance with these diseases can be had in a private class with Dr. Noyes.

THE CLINIQUES OF THE INFIRMARY,

ON MONDAY, WEDNESDAY, AND FRIDAY,

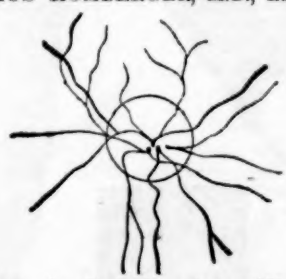
are free to all medical men and students. More than 5,000 patients are treated annually.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



No. 2, for September, just published.

Subscription Price for one year (six numbers), $2.00; sample numbers free.

BAILLIERE BROTHERS,
440 Broadway, New York.

Private Instruction in Auscultation,

PERCUSSION, ETC. PROFESSOR FLINT will give Private Courses of Instruction in Auscultation, Percussion, etc., to Medical Students and Practitioners desirous of becoming practically acquainted with Physical Signs and their application to the diagnosis of Diseases of the Lungs and Heart.

A course of instruction will consist of twenty-five lessons, all to be given in the Hospital Wards. The lessons will embrace explanations, demonstrations, and examinations. Each member of the class will have abundant opportunity of verifying the Signs described and pointed out—in this way acquiring, in a short space of time, a thorough practical knowledge of the subject; and, in order that the size of the classes shall not interfere with this object, each class will be limited to twelve members.

The lessons will be given at hours which are not occupied by lectures at the Colleges.

Fee for a course of twenty-five lessons, $25.

Bellevue Hospital Medical College.

Chemistry in its relations to Physiology and Medicine.

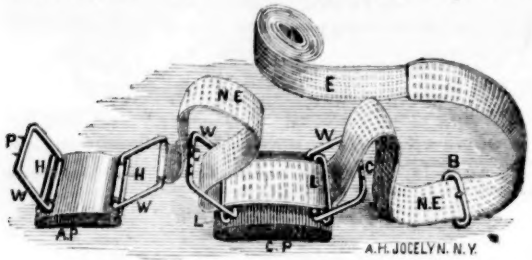
By George E. Day, M.A., M.D., Professor of Medicine in the University of St. Andrews. With Plates and Illustrations: 1860. Pp. 527. Price, $6 00.

It is quite impossible, viewed medically and practically, to overrate the importance of a knowledge of physiological chemistry. Every student and practitioner ought not only to possess, but to study some standard treatise on the subject, and we believe that he cannot do better than take the work of Dr. Day as his guide, it being the most recent, as well as one of the best treatises on physiological chemistry hitherto published.—*London Lancet.*

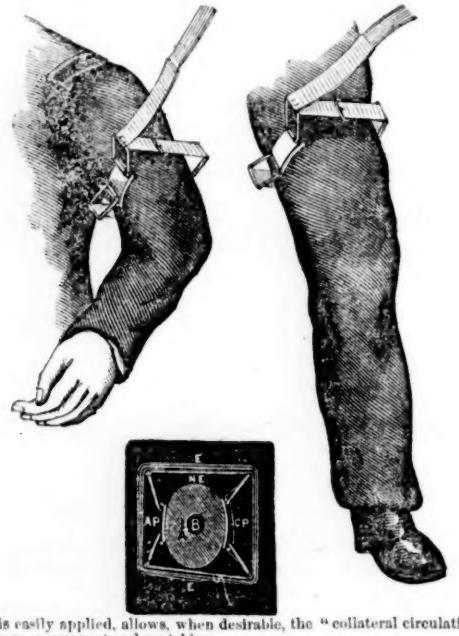
This volume contains a large mass of materials on the subject of physiological chemistry, brought together in a tangible form, ready and available for the hand of the practitioner and the student of medicine. No man in this country is probably better—or so well—fitted as Dr. Day to introduce this truly German subject to the English reader.—*London Medical Times and Gazette.*

BAILLIERE BROTHERS, 440 Broadway.

LAMBERT'S NEW ELASTIC TOURNIQUET.



This improved Tourniquet is now offered to the Profession. It has received the unqualified approval, so far as we can learn, of all Surgeons in this country and in Europe before whom it has been presented.



It is easily applied, allows, when desirable, the "collateral circulation," and is very compact and portable.

Price $2.

Send for a Circular of description and commendations.

WADE & FORD,
Sole Agents, NEW YORK.

University of Buffalo. Medical Department.

—Session 1862-63. The Annual Course of Lectures in this Institution commences on the First Wednesday in November, and continues sixteen weeks. The dissecting room will be opened on the Second Wednesday in October.

Clinical Lectures at the Buffalo Hospital throughout the entire terms by Professors Moore and Rochester.

CHARLES B. COVENTRY, M.D., Emeritus Professor of Physiology and Medical Jurisprudence.
CHARLES A. LEE, M.D., Professor of Materia Medica.
JAMES P. WHITE, M.D., Professor of Obstetrics and Diseases of Women and Children.
GEORGE HADLEY, M.D., Professor of Chemistry and Pharmacy.
THOMAS F. ROCHESTER, M.D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
EDWARD M. MOORE, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.
SANDFORD EASTMAN, M.D., Professor of Anatomy.
JOSHUA B. LOTHROP, M.D., Lecturer on Materia Medica.
WILLIAM H. MASON, M.D., Professor of Physiology and Microscopical Anatomy.
SAMUEL W. WETMORE, M.D., Demonstrator of Anatomy.

The fees for the tickets of all the professors, inclusive of the hospital ticket, amount to $70; matriculation fee (annually) $5.

Students who have attended a full course of Lectures in this or any other institution, will be received on payment of $50. The fee for those who have attended two courses elsewhere is $25.

Graduation fee $20. Demonstrator's fee $5.

SANDFORD EASTMAN, M.D., *Dean of the Faculty.*

Buffalo, *Sept.* 1862.

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.

Session of 1862-3.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1862-3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 20, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

SAMUEL ST. JOHN, M.D., *Secretary of the Faculty.*

Students of the College are admitted to *all the Clinical Instruction* given in the New York and Bellevue Hospitals on the same basis as heretofore. At the New York Hospital, Drs. Smith, Parker, and Markoe, and at the Bellevue Hospital, Drs. Parker and Clark, are members of the attending staffs.

New York Medical College and

CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.
CHARLES A. BUDD, M.D., Professor of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.
J. V. C. SMITH, M.D., Professor of Anatomy.
WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.
HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.
P. H. VAN DER WEYDE, M.D., Professor of Chemistry and Toxicology.
HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.
STEPHEN ROGERS, M.D., Prof. of Physiology of Microscopic Anatomy.
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.
WM. BALSER, M.D., Assistant to the Professor of Infantile Pathology.
F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by.....Prof. Carnochan.
" Gunshot Wounds, by.....Prof. Raphael.
" Pregnancy, by.....Prof. Budd.
" Diseases of the New Born, by.....Prof. Jacobi.
" Bandaging, by.....Prof. Holcomb.
" Anatomy of the Regions, by.....Prof. Smith.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

PROF. B. I. RAPHAEL, M.D.,
Dean of the Faculty, 91 Ninth Street.

COOPER'S
Dictionary of Practical Surgery
AND
ENCYCLOPÆDIA OF SURGICAL SCIENCE.

New Edition, brought down to the present time, by SAML. A. LANE, assisted by various eminent surgeons. In 2 Vols. Vol. I., 8vo. London, 1861. $16.00.

Bailliere Brothers, 440 Broadway, N. Y.

Medical College of Ohio.—Session of 1862-3.

The regular course of instruction in the Medical College of Ohio will open on Monday, the 3d day of November, and continue four months. Preliminary lectures will be delivered during the month of October, embracing chiefly clinics at the Hospitals and College Dispensary.

FACULTY.

L. M. LAWSON, M.D., Professor of the Institutes and Practice of Medicine.
GEO. C. BLACKMAN, M.D., Professor of Surgery.
W. W. DAWSON, M.D., Professor of Anatomy and Physiology.
M. B. WRIGHT, M.D., Professor of Obstetrics and Diseases of Women and Children.
JAMES GRAHAM, M.D., Professor of Materia Medica and Therapeutics.
NELSON SAYLER, A.M., L.L.B., Professor of Chemistry.
J. H. BUCKNER, M.D., Demonstrator of Anatomy.

FEES.

Tickets of the Professors, each	$10 00
Matriculation Ticket	5 00
Dissecting Ticket	5 00
Hospital Ticket	5 00
Graduation Fee	25 00

Students have the privilege of taking any number of tickets which may suit their purposes. The Dissecting and Hospital tickets are optional.
Boarding can be obtained from $2.50 to 3.00.
Students on arriving in the city will be aided in procuring boarding houses by applying at the College, on the south side of Sixth street, between Vine and Race streets.
Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., Dean,
S. E. Cor. of Sixth and Race Sts.

Cincinnati, Aug., 1862.

University of New York—Medical Department. Session, 1862-3.

The Session for '62-63, will begin on Monday, October 20th, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

Rev. ISAAC FERRIS, D.D., LL.D. Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
MARTYN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.
WM. R. DONAGHE, M.D., Demonstrator of Anatomy.
J. H. HINTON, M.D., Prosector to the Professor of Surgery.
ALEXANDER B. MOTT, M.D., Prosector to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Clinics, weekly, on *Medicine*, *Surgery*, and *Obstetrics*.

Fees for a full course of Lectures, $105; Matriculation Fee, $5; Graduation Fee, $30; Demonstrator's Fee, $5.

Free admission to the New York Hospital and Bellevue Hospital, where students will enjoy the usual opportunities of witnessing the Surgical operations, the *post-mortem* examinations, clinical instruction, &c. Professors Mott and Post are Consulting Surgeons at the New York Hospital; and Professor Mott is the senior Consulting Surgeon at the Bellevue Hospital.

St. Vincent's Hospital, the Eye and Ear Infirmary, and the City Dispensaries, are equally open to the students attending the University Medical College.

TEXT BOOKS recommended by the Faculty:—Wilson's or Cruveilhier's Anatomy; Holden's Osteology and Manual of Dissection; Morel's Histology, by Prof. Van Buren; Draper's Physiology; Draper's Chemistry; Bedford's Principles and Practice of Obstetrics; Bedford's Diseases of Women and Children; Watson's or Wood's Practice of Medicine, or Bennett's Principles and Practice of Medicine; Gray's Descriptive and Surgical Anatomy; Druitt's, or Miller's, or Erichsen's, or Gross's Surgery; Paine's, or Pereira's, or Stille's Materia Medica and Therapeutics; Paine's Institutes of Medicine.

Clinical Observations.—Observations

Recorded at the Bedside, with Commentaries, by W. T. Gairdner, M.D. 8vo. Edinburgh, 1862. $5.00.

Bailliere Brothers, 440 Broadway, N. Y.

On Uterine and Ovarian Inflammation; and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. $4.80.

Bailliere Brothers, 440 Broadway, N. Y.

Lectures on the Principles and Practice of Midwifery, by E. M. Murphy, M.D. Second Edition, enlarged and revised. 8vo. London, 1862. $5.00

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Headlam Greenhow. 1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

Bailliere Brothers, 440 Broadway, N. Y.

BOOKS ON MILITARY SURGERY

FOR SALE BY

BAILLIERE BROTHERS

440 BROADWAY.

JUST RECEIVED, COMPLETE COLLECTIONS OF THE ENGLISH GOVERNMENT REPORTS ON THE MILITARY MEDICAL DEPARTMENT.

Armand, Histoire Medico-Chirurgicale de la Guerre de Crimée. 8vo. Paris. $2.10.

Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $2.10.

Boudin.—Resumes des dispositions legales et reglementaires qui president aux-operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 60 cts.

Boudin.—Systeme des Ambulances des Armées Francaises et Anglaises. 8vo. Paris. $1.00.

Cazalas. Maladies de l'Armee d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. $1.50.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. $2.00.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient. 8vo. Paris, 1858. $2.10.

Longmore (T.) A Treatise on Gunshot Wounds. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for the Military Surgeon. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By George H. B. MacLeod, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By Sir George Ballingall, M.D. 5th edition, 8vo. London. Price $4.00.

Warlomont. L'Opthalmie Militaire à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.40.

Williamson.—Notes on the Wounded from the Mutiny in India. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $4.80.

GEORGE TIEMANN & CO.

Manufacturers of Surgical Instruments, &c.

No. 63 CHATHAM STREET, NEW YORK.

OTTO & REYNDERS,

Manufacturers and Importers of

Surgical, Orthopedical, and Dental Instruments, Trusses, etc.,

58 Chatham Street, New York.

The various Splints for Morbus Coxarius, Abdominal Supporters, Shoulder-braces, Stockings for Varicose Veins, Electric Machines, Ear-Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Skeletons, Fine Cutlery, etc.

Artificial Legs and Hands. Selpho's Patent Elastic Leg and Hand, 516 Broadway, New York.

These unrivalled substitutes for lost limbs, which have stood the test of over 27 years' experience and have never been surpassed, can be had only of Wm. Selpho, Patentee, 516 Broadway.

VACCINE

Virus of all kinds, perfectly pure, and most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single crust, from $1 to $3; single tube, $1.50; three, $4; single charge of eighth-day lymph, on pointed quills, 15 cts; fifteen points, $1; single charge, on convex surface of section of quill, 20 cts.; ten, $1.

N.B.—A *new stock* of Vaccine can hereafter be furnished to all who wish it; at present, May 1st, *one remove from the cow.*

Address, Eastern Dispensary, 57 Essex Street, New York.

600,000 Male or Female Agents to SELL

LLOYD'S NEW STEEL PLATE COUNTY COLORED MAP OF THE UNITED STATES, CANADAS, AND NEW BRUNSWICK.

From recent surveys, completed Aug. 10, 1862; cost $20,000 to engrave it and one year's time.

Superior to any $10 map ever made by Colton or Mitchell, and sells at the low price of fifty cents; 370,000 names are engraved on this map.

It is not only a County Map, but it is also a COUNTY AND RAILROAD MAP of the United States and Canadas combined in one, giving EVERY RAILROAD STATION and distances between.

Guarantee any woman or man $3 to $5 per day, and will take back all maps that cannot be sold and refund the money.

Send for $1 worth to try.

Printed instructions how to canvass well, furnished all our agents.

WANTED—Wholesale Agents for our Maps in every State, California, Canada, England, France, and Cuba. A fortune may be made with a few hundred dollars capital. *No Competition.*

J. T. LLOYD, No. 164 Broadway, New York.

The War Department uses our Map of Virginia, Maryland, and Pennsylvania, cost $100,000, on which is marked Antietam Creek, Sharpsburg, Maryland Heights, Williamsport Ferry, Rhorersville, Noland's Ford, and all others on the Potomac, and every other place in Maryland, Virginia, and Pennsylvania, or money refunded.

LLOYD'S TOPOGRAPHICAL MAP OF KENTUCKY, OHIO, INDIANA, AND ILLINOIS,

is the only authority for Gen. Buell and the War Department. Money refunded to any one finding an error in it. Price, 50 cents.

From the Tribune, Aug. 2.

"LLOYD'S MAP OF VIRGINIA, MARYLAND, AND PENNSYLVANIA.—This Map is very large; its cost is but 25 cents, and *it is the best which can be purchased.*"

LLOYD'S GREAT MAP OF THE MISSISSIPPI RIVER—From Actual Surveys by Capts. Bart and Wm. Bowen, Mississippi River Pilots, of St. Louis, Mo., shows every man's plantation and owner's name from St. Louis to the Gulf of Mexico—1850 miles—every sand-bar, island, town, landing, and all places 20 miles back from the river—colored in counties and States. Price, $1 in sheets. $2, pocket form, and $2.50 on linen with rollers. Ready Sept. 20.

NAVY DEPARTMENT, WASHINGTON, Sept. 17, 1862.

J. T. LLOYD—*Sir:* Send me your Map of the Mississippi River, with price per hundred copies. Rear-Admiral Charles H. Davis, commanding the Mississippi squadron, is authorized to purchase as many as are required for use of that squadron.

GIDEON WELLES, Secretary of the Navy.

Appia (P. L.) The Ambulance Surgeon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. $1.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Gmelin (L.) Hand-Book of Chemistry. Vol. I. 2d Edition, revised. 8vo. London, 1861. $4.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

WADE & FORD,

Instrument Makers to the

NEW YORK, BELLEVUE, AND CITY HOSPITALS,

Manufacture and Import all kinds of

SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES, SYRINGES, ETC.,

85 *Fulton street, New York.*

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES R. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE'S improved out-door Splint for MORBUS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES R. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.

PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

☞ Agents for Jewett's Artificial Limbs, which are superior to all others.

Artificial Eyes.—T. J. Davis, Practical Maker and Inserter of the Artificial Human Eye. Supplies the New York Eye Infirmary, corner Thirteenth Street and Second Avenue.

OFFICE, 483 BROADWAY, NEW YORK.

THE PUBLISHERS offer the following inducement to those who may have opportunities to obtain subscribers to the MEDICAL TIMES:—

For one new subscriber ($3.00 being remitted), a copy of CHAVASSE'S ADVICE TO A MOTHER will be sent free by mail.

For two new subscribers ($6.00 being remitted), one copy of GREENHOW ON DIPHTHERIA will be sent free by mail.

For three new subscribers ($9.00 being remitted), one copy of SMITH'S SURGICAL OPERATIONS will be sent free by mail.

TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, $3.50 per annum, payable in advance.
Mail Subscribers, $3 per annum, payable in advance.

Remittances must accompany an order for the Journal.

The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for $1 75, and free by mail for $2 15; cloth cases for binding may be had at the office for 25 cents, and free by mail for 34 cents.

*** THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

¼ column, or less,	each insertion	$1 00
½ "	"	1 80
¾ "	"	3 60
1 "	"	7 20

A deduction of 10 per cent is made for 6 insertions.
" 25 " " " 13 "
" 30 " " " 26 "
" 35 " " " 52 "

Communications should be addressed "Office American Medical Times 440 Broadway, N. Y." BAILLIERE BROTHERS,

Publishers and Proprietors.